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| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | ☐ Chapter 12 ☐ Chapter 13     |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name  | Dakota                     |   |
|   | First name                 | First name                                    |
| Write the name that is on your government-issued                    | L                          |   |
| picture identification (for   | Middle name                | Middle name                                   |
| example, your driver's license or passport                          | Barnes                     | Lest name                                     |
|   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   |                            |   |
| Include your married or   | Middle name                | Middle name                                   |
| maiden names.   | Last name                  | Last name                                     |
|   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   |                            |   |
|   | Middle name                | Middle name                                   |
|   |                            |   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social                            | XXX - XX3542               | xxx - xx-                                     |
| Security number or<br>federal Individual                            | OR                         | OR  |
| Taxpayer  | 9 xx - xx-                 | 9 xx - xx-                                    |
| Identification number (ITIN)  | <u></u>                    |   |

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| De | Potor 1 Dakota First Name                              | L Barnes Middle Name Last Name   | Case number (if known)   |  |  |  |
|----|--|--|--|--|--|--|
|    | i ii st ivairie  | Wildle Name Last Name  |  |  |  |  |
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.  | I have not used any business names or EINs.  |  |  |  |
|    | Identification Numbers (EIN) you have used in the last | Business name  | Business name  |  |  |  |
|    | 8 years  | Business name  | Business name  |  |  |  |
|    | Include trade names and doing business as names        | EIN  | EIN  |  |  |  |
|    |  | EIN  | EIN  |  |  |  |
| 5. | Where you live   |  | If Debtor 2 lives at a different address:  |  |  |  |
|    |  | 7032 S Cregier, Apt 2B  Number Street  | Number Street  |  |  |  |
|    |  | Chicago Illinois 60649   |  |  |  |  |
|    |  | City State Zip Code Cook   | City State Zip Code  |  |  |  |
|    |  | County   | County   |  |  |  |
|    |  | -  |  |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any          | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to |  |  |  |
|    |  | notices to you at this mailing address.  | this mailing address.  |  |  |  |
|    |  | ,  |  |  |  |  |
|    |  | Number Street  | Number Street  |  |  |  |
|    |  |  |  |  |  |  |
|    |  | City State Zip Code  | City State Zip Code  |  |  |  |
| 6. | Why you are choosing this district                     | Check one:   | Check one:   |  |  |  |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |  |  |  |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |  |  |  |
|    |  |  |  |  |  |  |
|    |  |  |  |  |  |  |
|    |  |  |  |  |  |  |
|    |  |  |  |  |  |  |
|    |  |  |  |  |  |  |

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| De  | ebtor 1 Dakota  | L L  | Barnes   |                              | Case number (if known                                       | own)   |                       |  |
|-----|---|--|--|------------------------------|---|--|-----------------------|--|
|     | First Name  | Middle Nam   |  |                              |   |  |                       |  |
| Pa  | Tell the Court Abo  | ut Your Bankrup  | tcy Case   |                              |   |  |                       |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |  | brief description of each<br>B2010)). Also, go to the  |                              |   |  | ndividuals Filing for |  |
| 8.  | How you will pay the fee  | <ul> <li>✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).</li> <li>☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul> |  |                              |   |  |                       |  |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | No.  Yes. District  District  District   | Northern District of Illino  Northern District of Illino   |                              | 11/13/2015<br>MM / DD / YYYY<br>11/9/2013<br>MM / DD / YYYY | Case number Case number Case number                                | 15-38775<br>13-43760  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No.  Yes. Debtor District Debtor District  |  | <u>W</u> hen<br><u>W</u> hen | MM / DD / YYYY  | Relationship to<br>Case number,<br>Relationship to<br>Case number, | if known              |  |
| 11. | Do you rent your residence?   | ✓ No.  | e 12.  r landlord obtained an ex  Go to line 12.  Fill out <i>Initial Statement</i> this bankruptcy petition | About an Eviction            |   | <i>st You</i> (Form 10   | 11A) and file it with |  |

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| Deb            | otor 1 Dakota<br>First Name  |   | L  |  | Barnes<br>Last Name | Case number (if ki          | nown)             |        |  |
|----------------|--|---|--|--|---------------------|-----------------------------|-------------------|--------|--|
| Par            | t 3: Report About Any  | Rusir   |  |  |                     |                             |                   |        |  |
|                |  | Dusii   | 103303   | Tou Own as a cole  | Порпесы             |                             |                   |        |  |
| ı              | Are you a sole<br>proprietor of any full-  | <b>✓</b>  | No.  | Go to Part 4.  |                     |                             |                   |        |  |
|                | or part-time<br>business?  |   | Yes.   | Name and location of   | f business          |                             |                   |        |  |
|                | A sole proprietorship<br>is a business you   |   |  | Name of business, if a   | any                 |                             |                   |        |  |
| i<br>;         | operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.         |   |  | Number   | Street              |                             |                   |        |  |
|                | If you have more than one sole   |   |  | City   |                     | State                       | Zip Code          |        |  |
| 1              | proprietorship, use a<br>separate sheet and  |   |  | Check the appropri   | ate box to descr    | ibe your business:          |                   |        |  |
|                | attach it to this  |   |  |  |                     |                             |                   |        |  |
| ı              | petition.  |   |  | Single Asset R   | eal Estate (as de   | efined in 11 U.S.C. § 101(5 | 51B))             |        |  |
|                |  |   | Stockbroker (as defined in 11 U.S.C. § 101(53A))   |  |                     |                             |                   |        |  |
|                |  | Commodity Broker (as defined in 11 U.S.C. § 101(6)) |  |  |                     |                             |                   |        |  |
|                |  |   |  | None of the above  |                     |                             |                   |        |  |
| <br> <br> <br> | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of | appi<br>shee  | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B).  No. I am not filing under Chapter 11. |  |                     |                             |                   |        |  |
| ,              | small business debtor,<br>see 11 U.S.C. §  |   | No.  | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |                     |                             |                   |        |  |
|                | 101(51D).  |   | Yes.   | Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |                     |                             |                   |        |  |
| Par            | t 4: Report if You Own   | n or H  | ave Aı   | ny Hazardous Prope   | erty or Any Pro     | perty That Needs Imm        | nediate Attention |        |  |
| 14.            | Do you own or have   |   | No.  |  |                     |                             |                   |        |  |
|                | any property that poses or is alleged to   |   |  | What is the hazard?  |                     |                             |                   |        |  |
| i              | pose a threat of imminent and  |   |  | If immediate attention is  | needed, why is it   | needed?                     |                   |        |  |
| -              | identifiable hazard to public health or safety? Or do you  |   |  |  |                     |                             |                   |        |  |
|                | own any property   |   |  | Where is the property?   | Number              | Street                      |                   |        |  |
| 1              | that needs immediate attention?  |   |  |  |                     | Glieet                      |                   |        |  |
|                | For example, do you  |   |  |  |                     |                             |                   |        |  |
|                | own perishable goods,<br>or livestock that must<br>be fed, or a building<br>that needs urgent<br>repairs?        |   |  |  | City                | State                       | Ziç               | o Code |  |

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Debtor 1 Dakota L Barnes Case number (if known)

First Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. Disability. My physical disability causes me to My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Dakota First Name  | L Barr<br>Middle Name Last  | nes Case numb  | oer (if known)   |
|---|---|--|--|
|   | estions for Reporting Purposes  | Name   |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily co "incurred by an individual pr No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily bu  | imarily for a personal, family, on the second secon | s are debts that you incurred to obtain<br>on of the business or investment.   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fund  No.  |  | empt property is excluded and administrative unsecured creditors?  |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million  | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 mil \$100,000,001-\$500 m  | on \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  |
| 20. How much do you estimate your liabilities to be?  |   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million  | on \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion  |
| For you   | correct.  If I have chosen to file under Chap of title 11, United States Code. I u under Chapter 7.  If no attorney represents me and I out this document, I have obtained I request relief in accordance with I understand making a false staten connection with a bankruptcy case both. 18 U.S.C. §§ 152, 1341, 157 | oter 7, I am aware that I may pro- inderstand the relief available understand the relief available understand the notice required the chapter of title 11, United the chapter of title 11, United the can result in fines up to \$250 to 19, and 3571.   | States Code, specified in this petition. bbtaining money or property by fraud in 0,000, or imprisonment for up to 20 years, or |
|   | Executed on 8/22/2018<br>MM / DD / Y  | EX   | ecuted on  |

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| Debtor 1 Dakota                                  | L                          | Barnes                | Case number (               | if known)  |
|--|----------------------------|-----------------------|-----------------------------|--|
| First Name                                       | Middle Name                | Last Name             |                             |  |
| For your attorney, if you are represented by one | eligibility to proceed und | ler Chapter 7, 11, 12 | 2, or 13 of title 11, Unite | have informed the debtor(s) about<br>ed States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. §   | 342(b) and, in a case in    | which § 707(b)(4)(D) applies, certify that I   |
| represented by an                                | have no knowledge after    | an inquiry that the i | information in the sche     | dules filed with the petition is incorrect.  |
| attorney, you do not                             | J                          | ' '                   |                             | ·  |
| need to file this page.                          | /s/ Mike Miller            |                       | Date                        | 8/22/2018  |
|  | Signature of Attorney f    | or Debtor             |                             | MM / DD / YYYY   |
|  | ,                          |                       |                             |  |
|  |                            |                       |                             |  |
|  | Mike Miller                |                       |                             |  |
|  | Printed name               |                       |                             |  |
|  | Semrad Law Firm            |                       |                             |  |
|  | Firm name                  |                       |                             |  |
|  | 20 S. Clark Street         |                       |                             |  |
|  | Street                     |                       |                             |  |
|  | 28th Floor                 |                       |                             |  |
|  | 201111001                  |                       |                             |  |
|  | Chicago                    |                       | Illinois                    | 60603  |
|  | City                       |                       | State                       | Zip Code   |
|  |                            |                       |                             |  |
|  | Contact phone              | 3122568728            | Email address               | mmiller@semradlaw.com  |
|  |                            |                       | <del>_</del>                |  |
|  |                            |                       |                             |  |
|  | Bar number                 |                       | State                       |  |

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | Dakota                    | L           | Barnes               |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |
| Case number                                     |                           |             |                      |  |  |  |  |
| (If known)                                      |                           |             |                      |  |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | <b>Your assets</b><br>Value of what you own |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | 40.00                                       |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$2,285.00                                  |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$2,285.00                                  |
| art 2: Summarize Your Liabilities  |   |
|  | Your liabilities<br>Amount you owe          |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)                                  | Ф0.00                                       |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00                                      |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$0.00                                      |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$26,714.00                                 |
| Your total liabilities   | \$26,714.00                                 |
|  |   |
| art 3: Summarize Your Income and Expenses  |   |
| Part 3: Summarize Your Income and Expenses   |   |
|  | \$2,431.45                                  |
| . Schedule I: Your Income (Official Form 106I)   | \$2,431.45                                  |

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| Deb         | tor 1 Dakota  | L  | Barnes   | Case number (if known)   |            |  |  |  |  |  |
|-------------|---|--|--|--|------------|--|--|--|--|--|
|             | First Name  | Middle Name  | Last Name  |  |            |  |  |  |  |  |
| Part 4      | 4: Answer These Qu                                      | estions for Administrat  | ive and Statistical Record   | S  |            |  |  |  |  |  |
| 6. <b>A</b> | re you filing for bankrupt                              | cy under Chapters 7, 11, o   | r 13?  |  |            |  |  |  |  |  |
|             | <b>_</b>  | o report on this part of the fo  | orm. Check this box and submit t                                       | his form to the court with your other sch                            | nedules.   |  |  |  |  |  |
| Ŀ           | Yes.  |  |  |  |            |  |  |  |  |  |
| 7. <b>W</b> | hat kind of debt do you h                               | nave?  |  |  |            |  |  |  |  |  |
| Ŀ           |   |  | mer debts are those incurred by Fill out lines 8-10 for statistical pu | an individual primarily for a personal,<br>irposes. 28 U.S.C. § 159. |            |  |  |  |  |  |
|             |   | imarily consumer debts. You ith your other schedules.                                | ou have nothing to report on this                                      | part of the form. Check this box and su                              | bmit       |  |  |  |  |  |
|             |   | our Current Monthly Incom<br>Form 122B Line 11; <b>OR</b> , Fo                       | e: Copy your total current monthorm 122C-1 Line 14.                    | nly income from Official   | \$2,129.21 |  |  |  |  |  |
| 9.          | Copy the following spec                                 | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: |  |  |            |  |  |  |  |  |
|             | From Part 4 on Schedule                                 | e E/F, copy the following:   |  | Total claim  |            |  |  |  |  |  |
|             | 9a. Domestic support obli                               | gations (Copy line 6a.)  |  | \$0.00   |            |  |  |  |  |  |
|             | 9b. Taxes and certain other                             | er debts you owe the govern  | ment. (Copy line 6b.)  | \$0.00   |            |  |  |  |  |  |
|             | 9c. Claims for death or pe                              | rsonal injury while you were   | intoxicated. (Copy line 6c.)   | \$0.00   |            |  |  |  |  |  |
|             | 9d. Student loans. (Copy                                | line 6f.)  |  | \$0.00   |            |  |  |  |  |  |
|             | 9e. Obligations arising our priority claims. (Copy line |  | or divorce that you did not report                                     | as \$0.00  | _          |  |  |  |  |  |
|             | 9f. Debts to pension or pr                              | ofit-sharing plans, and other  | similar debts. (Copy line 6h.)   | \$0.00   |            |  |  |  |  |  |
|             |   |  |  |  |            |  |  |  |  |  |

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this                           | inform                    | nation to identify your ca  | ase:  |                       |   |  |                     |  |   |
|--|---------------------------|---|---|-----------------------|---|--|---------------------|--|---|
| Debtor 1                               |                           | Dakota  | L   |                       | Barnes  |  |                     |  |   |
| Debtor 2                               |                           | First Name  | Middle N  | ame                   | Last Name   |  |                     |  |   |
| (Spouse, if fi                         | ling)                     | First Name  | Middle N  | ame                   | Last Name   |  |                     |  |   |
| United Sta                             | ates Ba                   | ankruptcy Court for the:  | Northern  |                       | District of Illinois  |  |                     |  |   |
| Case num                               | ber                       |   |   |                       | (State)   |  |                     |  |   |
| (If known)                             | 1 -                       | 100A/D  |   |                       |   |  |                     |  | Check if this is an   |
|  |                           | orm 106A/B  | _   |                       |   |  |                     |  | amended filing  |
|  |                           | e A/B: Prope  |   |                       |   |  |                     |  | 12/1  |
| category v<br>responsibl<br>write your | where<br>le for s<br>name | y, separately list and d<br>you think it fits best. E<br>supplying correct infor<br>e and case number (if k<br>ribe Each Residenc | Be as complete and mation. If more spansor, nown). Answer e | nd ac<br>pace<br>very | curate as possible. It<br>is needed, attach a s<br>question.            | f two married peo<br>separate sheet to | ople are<br>this fo | e filing together, both a<br>rm. On the top of any a | re equally  |
|  |                           | or have any legal or eq   | juitable interest i   | n an                  | residence, building,  | land, or similar p                     | propert             | y?   |   |
|  |                           | No to Part 2  |   |                       |   |  |                     |  |   |
| 1.1                                    |                           | Where is the property?  | other description   | Wha                   | at is the property? Ch<br>Single-family home<br>Duplex or multi-unit bu |  |                     | the amount of any secu                               | claims or exemptions. Put<br>red claims on <i>Schedule D:</i><br>ims Secured by Property. |
|  |                           |   |   | 片                     | Condominium or coop   | perative                               |                     | Current value of the entire property?                | Current value of the portion you own?   |
|  |                           |   |   | ш                     | Manufactured or mobil<br>Land   | ie nome                                |                     | <del></del>  |   |
|  | Numb                      | per Street  |   |                       | Investment property   |  |                     | Describe the nature of interest (such as fee s       |   |
|  | City                      | State   | Zip Code  |                       | Timeshare<br>Other  |  |                     | the entireties, or a life                            |   |
|  |                           |   |   | Who                   | o has an interest in th   | ne property? Chec                      | ck                  | Check if this is co                                  | mmunity property  |
|  |                           |   |   |                       | Debtor 1 only   |  |                     | Ц  |   |
|  |                           |   |   |                       | Debtor 2 only   |  |                     |  |   |
|  |                           |   |   |                       | Debtor 1 and Debtor 2<br>At least one of the deb                        | ,                                      |                     |  |   |
|  |                           |   |   | Oth                   | er information you w  |  | this ite            | m. such as local                                     |   |
|  |                           |   |   |                       | perty identification n  | _                                      |                     | , out at 10001                                       |   |
| If you                                 |                           | or have more than one, list   |   | Wha                   | at is the property? Ch<br>Single-family home<br>Duplex or multi-unit bu |  |                     | the amount of any secu                               | claims or exemptions. Put red claims on <i>Schedule D: iims Secured by Property.</i>      |
|  |                           |   |   | H                     | Condominium or coop Manufactured or mobil                               | perative                               |                     | Current value of the entire property?                | Current value of the portion you own?   |
|  | Numb                      | per Street  |   |                       | Land  |  |                     | Describe the nature o                                | f vour ownership  |
|  |                           |   |   | $\vdash$              | Investment property Timeshare   |  |                     | interest (such as fee s<br>the entireties, or a life | simple, tenancy by  |
|  | City                      | State   | Zip Code  | Ħ                     | Other   |  |                     |  |   |
|  |                           |   |   | Who                   | o has an interest in th   | ne property? Chec                      | ck                  | Check if this is co<br>(see instructions)            | mmunity property  |
|  |                           |   |   |                       | Debtor 1 only   |  |                     |  |   |
|  |                           |   |   | ш                     | Debtor 2 only   | only                                   |                     |  |   |
|  |                           |   |   | ш                     | Debtor 1 and Debtor 2<br>At least one of the deb                        | •                                      |                     |  |   |
|  |                           |   |   | ш                     | er information you w  |  | this ite            | m. such as local                                     |   |
|  |                           |   |   |                       | perty identification n  |  |                     | , 525 40 10041                                       |   |

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| Debtor 1    |   | L                | Barnes   | _ Case number        | (if known)   |  |
|-------------|---|------------------|--|----------------------|--|--|
|             | First Name                              | Middle Name      | Last Name  |                      |  |  |
| 1.3Stre     | et address, if available, or oth        |                  | What is the property? Check all that an Single-family home Duplex or multi-unit building   |                      | the amount of any secu<br>Creditors Who Have Cla                               | claims or exemptions. Put red claims on Schedule D: ims Secured by Property.                 |
|             |   |                  | Condominium or cooperative  Manufactured or mobile home  Land  |                      | Current value of the entire property?  | Current value of the portion you own?  |
| Nun<br>City | nber Street State                       | Zip Code         | Investment property Timeshare Other  | i                    | Describe the nature of<br>interest (such as fee s<br>the entireties, or a life | imple, tenancy by  |
| ,           |   |                  | Who has an interest in the property?  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot Other information you wish to add ab | her                  | Check if this is co (see instructions)   | mmunity property   |
| 0 844       | the dellow value of the new             |                  | property identification number:  |                      | for normal   |  |
|             | ve attached for Part 1. Writ            | •                | all of your entries from Part 1, includ<br>nere.<br>▶  | ing any entries      | for pages  |  |
| Do you ow   |   | quitable interes | it in any vehicles, whether they are re  | -                    | -  |  |
| ľ           | ns, trucks, tractors, sport utili       |                  | also report it on Schedule G: Executory rcycles  | Contracts and U      | nexpired Leases.   |  |
| 3.1         | Make<br>Model:<br>Year:                 |                  | Who has an interest in the prope<br>one.  Debtor 1 only  |                      | the amount of any secu   | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.               |
|             | Approximate mileage: Other information: |                  | Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and   | another              | Current value of the entire property?  | Current value of the portion you own?  |
|             |   |                  | Check if this is community prinstructions)   |                      |  |  |
| 3.2         | Make<br>Model:<br>Year:                 |                  | Who has an interest in the prope one.  Debtor 1 only   | erty? Check          | the amount of any secu   | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims <i>Secured by Property.</i> |
|             | Approximate mileage: Other information: |                  | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and   | another              | Current value of the entire property?  | Current value of the portion you own?  |
|             |   |                  | Check if this is community poinstructions)   | r <b>operty</b> (see |  |  |

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|     | Dakota<br>First Name                                      | L<br>Middle Name | Barnes<br>Last Name   | Case number                       | er (if known)                                |   |
|-----|---|------------------|---|-----------------------------------|--|---|
| 3.3 | Make Model: Year: Approximate mileage: Other information: |                  | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors Check if this is communinstructions) | ly<br>s and another               | the amount of any secu                       | claims or exemptions. Put ared claims on <i>Schedule D: hims Secured by Property.</i> Current value of the portion you own?                     |
| 3.4 | Make Model: Year: Approximate mileage: Other information: | <u> </u>         | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on  |                                   | the amount of any secu                       | claims or exemptions. Put<br>ared claims on <i>Schedule D:</i><br>aims <i>Secured by Property.</i><br>Current value of the<br>portion you own?  |
|     |   |                  | At least one of the debtors  Check if this is commun instructions)  | and another                       |  |   |
|     | mples: Boats, trailers, motor<br>No                       |                  | er recreational vehicles, other, fishing vessels, snowmobiles, r  | •                                 |  |   |
| Exa | mples: Boats, trailers, motor<br>No<br>Yes                |                  |   | property? Check  ly s and another | Do not deduct secured the amount of any secu | claims or exemptions. Put<br>ared claims on <i>Schedule D:</i><br>aims <i>Secured by Property</i> .<br>Current value of the<br>portion you own? |

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| De           | ebtor 1                 | Dakota                          | L  | Barnes                          | Case number (if known)           |  |
|--------------|-------------------------|---------------------------------|--|---------------------------------|----------------------------------|--|
|              |                         | First Name                      | Middle Name  | Last Name                       |                                  |  |
| Pa           | ırt 3:                  | Describe Y                      | our Personal and Household   | Items                           |                                  |  |
| D            | o you                   | own or hav                      | e any legal or equitable intere  | est in any of the followin      | g items?                         | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|              |                         | -                               | and furnishings<br>liances, furniture, linens, china, kitch                                      | enware                          |                                  |  |
| <u> </u>     |                         | Describe                        | Used Furniture   |                                 |                                  | \$800.00   |
|              |                         | ronics<br>les: Television       | s and radios; audio, video, stereo, ar   | nd digital equipment; compute   | ers, printers, scanners; music   | 1  |
| <b>✓</b>     | Yes. [                  | Describe                        | Used Electonics - 3 TV's, 1 Cell Pho   | ne                              |                                  | \$800.00   |
|              |                         |                                 | ue and figurines; paintings, prints, or other in, or baseball card collections; other            |                                 |                                  |  |
| Ö            | Yes. [                  | Describe                        |  |                                 |                                  |  |
|              |                         | les: Sports, ph                 | orts and hobbies<br>notographic, exercise, and other hobbies; carpentry tools; musical instrumer |                                 | tables, golf clubs, skis; canoes |  |
| <b>✓</b>     | No<br>Yes. [            | Describe                        |  |                                 |                                  |  |
|              | <b>0. Fire</b><br>Examp |                                 | es, shotguns, ammunition, and relat  | ed equipment                    |                                  |  |
| <b>7</b>     | No                      |                                 |  |                                 |                                  |  |
| İ            | Yes. [                  | Describe                        |  |                                 |                                  |  |
|              | 1. Clo                  |                                 | clothes, furs, leather coats, designer   | wear, shoes, accessories        |                                  |  |
| Ш            | No                      |                                 |  |                                 |                                  |  |
| ✓            | Yes. [                  | Describe                        | Used Clothing  |                                 |                                  | \$415.00   |
|              |                         | -                               | ewelry, costume jewelry, engagemer<br>er   | nt rings, wedding rings, heirlo | om jewelry, watches, gems,       |  |
| $oxed{oxed}$ | No<br>Yes. [            | Describe                        | Misc Jewelry   |                                 |                                  | \$30.00  |
|              | Examp                   | -farm animal<br>les: Dogs, cats | s, birds, horses   |                                 |                                  |  |
| ✓            | No<br>Yes. [            | Describe                        |  |                                 |                                  | 1  |
| ш            |                         |                                 |  |                                 |                                  |  |
| 1<br>•       |                         | other persor                    | nal and household items you did n  | ot already list, including an   | y health aids you did not list   |  |
|              |                         | Describe                        |  |                                 |                                  |  |
|              |                         |                                 | llue of all of your entries from Par<br>t number here  |                                 | r pages you have attached        | \$2045.00  |

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| Debto        | or 1 Dakota            | L   | Barnes                      | Case number (if known)                                 |  |
|--------------|------------------------|---|-----------------------------|--|--|
|              | First Name             | Middle Name   | Last Name                   |  |  |
| Part 4       | Describe Your          | Financial Assets  |                             |  |  |
| Do y         | ou own or have ar      | ny legal or equitable interest  | in any of the following?    | ?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16. <b>C</b> |                        |   |                             |  |  |
| Ex           | amples: Money you h    | ave in your wallet, in your home, in  | a safe deposit box, and on  | hand when you file your petition                       |  |
|              | <b>✓</b> No            |   |                             |  |  |
|              | Yes                    |   |                             | Cash:  |  |
|              |                        | savings, or other financial accounts<br>nstitutions. If you have multiple acc |                             | es in credit unions, brokerage houses, ion, list each. |  |
|              | No                     |   |                             |  |  |
|              | ✓ Yes                  |   | Institution name:           |  |  |
|              |                        |   |                             |  |  |
|              |                        | 17.1. Checking account:   |                             |  |  |
|              |                        | 17.2. Checking account:   |                             |  |  |
|              |                        | 17.3. Savings account:  |                             |  |  |
|              |                        | 17.4. Savings account:  |                             |  |  |
|              |                        | 17.5. Certificates of deposit:  |                             |  |  |
|              |                        | 17.6. Other financial account:  | NetSpend - Prepaid Debit    |  | \$240.00   |
|              |                        | 17.7. Other financial account:  |                             |  |  |
|              |                        | 17.8. Other financial account:  |                             |  |  |
|              |                        | 17.9. Other financial account:  |                             |  |  |
|              |                        | s, or publicly traded stocks<br>s, investment accounts with broker            | age firms, money market acc | counts   |  |
|              | No No                  | -,  | -9                          |  |  |
|              | Yes                    | Institution or issuer name:   |                             |  |  |
|              | _                      |   |                             |  |  |
|              |                        |   |                             |  |  |
|              |                        |   |                             |  |  |
|              |                        |   | ted and unincorporated bu   | ısinesses, including an interest in                    |  |
|              | an LLC, partnership,   | and joint venture   |                             |  |  |
|              | <b>✓</b> No            | Name of entity  |                             | % of ownership:  |  |
|              | Yes. Give specific     | ·   |                             | 70 Of Ownership.                                       |  |
|              | information about them | · -   |                             |  |  |
|              |                        |   |                             |  |  |
|              |                        |   |                             |  |  |

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| Debt | tor 1 Dakota                                       | L  | Barnes                      | Case number (if known)                     |   |
|------|--|--|-----------------------------|--|---|
|      | First Name   | Middle Name  | Last Name                   |  |   |
| 20.  | Negotiable instruments                             | orate bonds and other negotial include personal checks, cashiers ents are those you cannot transfe | checks, promissory not      | es, and money orders.                      |   |
|      | Ves. Give specific information about them          | Issuer name:   |                             |  |   |
|      |  | -  |                             | _  |   |
| 21.  | Retirement or pension<br>Examples: Interests in IF |  | ), thrift savings accounts  | , or other pension or profit-sharing plans |   |
|      | <b>✓</b> No  |  |                             |  |   |
|      | Yes. List each account                             | Type of account:   | Institution name:           |  |   |
|      | separately.  | 401(k) or similar plan:  Pension plan:   | -                           |  |   |
|      |  | IRA:   |                             |  |   |
|      |  | Retirement account:  |                             |  |   |
|      |  | Keogh:   |                             |  |   |
|      |  | Additional account:  |                             |  |   |
|      |  | Additional account:  |                             |  |   |
| 22.  |  | prepayments I deposits you have made so that with landlords, prepaid rent, publi                   |                             |  |   |
|      | Yes  | Electric:  |                             |  |   |
|      |  | Gas:   |                             |  |   |
|      |  | Heating oil:   |                             |  |   |
|      |  | Security deposit on rental unit:   |                             |  |   |
|      |  | Prepaid rent:  |                             |  |   |
|      |  | Telephone:   |                             |  | · |
|      |  | Water:   |                             |  |   |
|      |  | Rented furniture:  |                             |  |   |
|      |  | Other:   |                             |  |   |
| 23.  | _  | or a periodic payment of money to  | you, either for life or for | a number of years)                         |   |
|      | ✓ No  Yes  | Issuer name and description:   |                             |  |   |
|      |  | -  |                             |  |   |
|      |  |  |                             |  |   |
|      |  |  |                             |  |   |

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| Debto | or 1 Dakota L   | Barnes   | Case number (if known)  |  |
|-------|---|--|---|--|
| 24.   |   | e Name Last Name<br>scount in a qualified ABLE program, or u       | nder a qualified state tuition program.   |  |
|       | 26 U.S.C. §§ 530(b)(1), 529A(b), and 529  |  | , , , , , ,   |  |
|       | ✓ No Institution name and description Yes   | ription. Separately file the records of any inte                   | erests.11 U.S.C. § 521(c):  |  |
|       |   |  |   |  |
|       |   |  |   |  |
| 25.   | Trusts, equitable or future interests in exercisable for your benefit   | property (other than anything listed in I                          | ine 1), and rights or powers  |  |
|       | ✓ No  |  |   |  |
|       | Yes. Describe   |  |   |  |
| 26.   | Patents, copyrights, trademarks, trade  | e secrets, and other intellectual propert                          | у   |  |
|       |   | tes, proceeds from royalties and licensing a                       | greements   |  |
|       | ✓ No ✓ Yes. Describe  |  |   |  |
|       |   |  |   |  |
| 27.   | Licenses, franchises, and other genera  |  |   |  |
|       |   | nses, cooperative association holdings, liqu                       | or licenses, professional licenses  |  |
|       | ✓ No  Yes. Describe   |  |   |  |
|       |   |  |   |  |
|       | ·   |  |   |  |
| Mon   | ey or property owed to you?   |  |   | Current value of the portion you own?  Do not deduct secured claims or exemptions.                         |
|       | ey or property owed to you?  Tax refunds owed to you  |  |   | portion you own?   |
|       | Tax refunds owed to you  ✓ No   |  |   | portion you own? Do not deduct secured claims or exemptions.   |
|       | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether   |  | Federal:  | portion you own? Do not deduct secured claims or exemptions.   |
|       | Tax refunds owed to you  ✓ No  ✓ Yes. Give specific information   |  | Federal:<br>State:  | portion you own? Do not deduct secured claims or exemptions.   |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  |  |   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  | spousal support, child support, maintenan                          | State: Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                       |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  | spousal support, child support, maintenan                          | State:  Local:  ce, divorce settlement, property settlement   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                       |
| 28.   | Tax refunds owed to you  No Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,   |  | State: Local:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00                       |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  | spousal support, child support, maintenan Back Child Support       | State:  Local:  ce, divorce settlement, property settlement  Alimony:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t  \$0.00            |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  |  | State:  Local:  ce, divorce settlement, property settlement  Alimony:  Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00 |
| 28.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  |  | State: Local:  ce, divorce settlement, property settlement  Alimony:  Maintenance:  Support:  Divorce settlement:                   | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 29.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support Examples: Past due or lump sum alimony,  ✓ Yes. Give specific information   | Back Child Support   | State: Local:  ce, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00 |
| 29.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  ✓ Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability insurar                                |  | State: Local:  ce, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 29.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  ✓ Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability insurar                                | Back Child Support  nce payments, disability benefits, sick pay, v | State: Local:  ce, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |
| 29.   | Tax refunds owed to you  ✓ No  Yes. Give specific information about them, including whether you already filed the returns and the tax years  Family support  Examples: Past due or lump sum alimony,  Yes. Give specific information  Other amounts someone owes you  Examples: Unpaid wages, disability insurar Social Security benefits; unpaid | Back Child Support  nce payments, disability benefits, sick pay, v | State: Local:  ce, divorce settlement, property settlement  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |

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| Deb  | tor 1 Dakota L  | Barnes                                   | Case number (if known)                               |  |
|------|---|--|--|--|
|      | First Name Middle Na  | me Last Name                             |  |  |
| 31.  | Interests in insurance policies  Examples: Health, disability, or life insurance; I   | nealth savings account (HSA); credit, ho | meowner's, or renter's insurance                     |  |
|      | Yes. Name the insurance company of each policy and list its value   | Company name:                            | Beneficiary:   | Surrender or refund value:             |
|      |   |  |  |  |
| 32.  | Any interest in property that is due you from If you are the beneficiary of a living trust, experimental property because someone has died. |  | or are currently entitled to receive                 |  |
|      | No Yes. Describe  |  |  |  |
| 33.  | Claims against third parties, whether or no Examples: Accidents, employment disputes, in  |  | demand for payment                                   |  |
|      | ✓ No  Yes. Describe   |  |  |  |
| 34.  | Other contingent and unliquidated claims to set off claims  | of every nature, including countercl     | aims of the debtor and rights                        |  |
|      | <b>✓</b> No   |  |  |  |
|      | Yes. Describe   |  |  |  |
| 35.  | Any financial assets you did not already lis  | st                                       |  |  |
|      | ✓ No  |  |  |  |
|      | Yes. Describe   |  |  |  |
| 36.  | Add the dollar value of all of your entries for Part 4. Write that number here  |  | . • .  | \$240.00                               |
|      | ior Part 4. Write that humber here  |  |  |  |
| Part | 5: Describe Any Business-Related P  | roperty You Own or Have an In            | terest In. List any real estate in Part <sup>.</sup> | 1.                                     |
| 37.  | Do you own or have any legal or equitable   | interest in any business-related pro     | perty?   |  |
|      | No. Go to Part 6.   |  |  | rrent value of the                     |
|      | Yes. Go to line 38.   |  | Do   | o not deduct secured claims exemptions |
| 38.  | Accounts receivable or commissions you a  | already earned                           |  | oxomption:                             |
|      | <b>✓</b> No   |  |  |  |
|      | Yes. Describe   |  |  |  |
| 39.  | Office equipment, furnishings, and supplie Examples: Business-related computers, softw  |  | hines, rugs, telephones, desks, chairs, electro      | onic devices                           |
|      | ✓ No  Yes. Describe   |  |  |  |
|      | _   |  |  |  |

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| Deb      | tor 1 Dakota                         | L                                    | Barnes                              | Case number (if known)        |  |
|----------|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------|--|
| ı        | First Name                           | Middle Name                          | Last Name                           |                               |  |
| 40.      | Machinery, fixtures, e               | equipment, supplies you us           | e in business, and tools of your tr | rade                          |  |
|          | <b>✓</b> No                          |                                      |                                     |                               |  |
|          | Yes. Describe                        |                                      |                                     |                               |  |
|          |                                      |                                      |                                     |                               |  |
|          |                                      |                                      |                                     |                               |  |
| 41.      | Inventory                            |                                      |                                     |                               |  |
|          | <b>✓</b> No                          |                                      |                                     |                               |  |
|          | Yes. Describe                        |                                      |                                     |                               |  |
|          |                                      |                                      |                                     |                               |  |
|          |                                      |                                      |                                     |                               |  |
| 42.      | Interests in partnersh               | nips or joint ventures               |                                     |                               |  |
|          | ✓ No                                 |                                      |                                     |                               |  |
|          | <u> </u>                             | Na                                   | ame of entity:                      | % of ownership:               |  |
|          | Yes. Give specific information about |                                      |                                     |                               |  |
|          | them                                 | _                                    |                                     |                               |  |
|          |                                      | _                                    |                                     |                               | _  |
|          |                                      |                                      |                                     |                               |  |
| 43 (     | Customer lists mailing               | up lists, or other compilation       | is.                                 | <del></del>                   | <del></del>                                |
| 10.      |                                      | , noto, or other complication        |                                     |                               |  |
|          | <b>✓</b> No                          |                                      |                                     |                               |  |
|          | Yes. Do your lists                   | include personally identifiable      | information (as defined in 11 U.S.C | C. § 101(41A))?               |  |
|          | ☐ No                                 |                                      |                                     |                               |  |
|          | <u></u>                              | oribo                                |                                     |                               |  |
|          | Tes. Desc                            | cribe                                |                                     |                               | <del></del>                                |
| 44.      | Any business-related                 | property you did not alread          | dv list                             |                               |  |
|          |                                      | property you are not allow           | <b>-,</b>                           |                               |  |
|          | <b>✓</b> No                          | _                                    |                                     |                               |  |
|          | Yes. Give specific                   |                                      |                                     |                               |  |
|          | information                          | _                                    |                                     |                               | <del></del>                                |
|          |                                      | _                                    |                                     |                               | <u> </u>                                   |
|          |                                      |                                      |                                     |                               |  |
|          |                                      | _                                    |                                     |                               | <del>_</del>                               |
|          |                                      | _                                    |                                     |                               |  |
|          |                                      |                                      |                                     |                               |  |
|          |                                      | _                                    |                                     |                               |  |
| 45 A     | dd the dollar value of               | all of your entries from Par         | t 5, including any entries for page | as you have attached          |  |
|          |                                      |                                      |                                     |                               |  |
| <u> </u> |                                      |                                      |                                     |                               |  |
| Part     | <sub>16:</sub> Describe Any F        | arm- and Commercial I                | Fishing-Related Property You        | u Own or Have an Interest In. |  |
|          | ir you own or nave ar                | n interest in farmland, list it in P | ап I.                               |                               |  |
| 46.      | Do you own or have a                 | any legal or equitable inter         | est in any farm- or commercial fi   | shing-related property?       |  |
|          | No. Go to Part 7.                    |                                      |                                     |                               | Current value of the                       |
|          | Yes. Go to line 47                   |                                      |                                     |                               | portion you own?                           |
|          | 163. 40 to line 47                   | •                                    |                                     |                               | Do not deduct secured claims or exemptions |
| 47       | Farm animals                         |                                      |                                     |                               |  |
| ''.      | Examples: Livestock, p               | oultry, farm-raised fish             |                                     |                               |  |
|          |                                      |                                      |                                     |                               |  |
|          | No No Describe                       |                                      |                                     |                               |  |
|          | Yes. Describe                        |                                      |                                     |                               |  |
|          |                                      |                                      |                                     |                               |  |

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| Deb          | tor 1 Dakota              | L                                      | Barnes                                | Case number (if known)       | _           |
|--------------|---------------------------|--|---------------------------------------|------------------------------|-------------|
|              | First Name                | Middle Name                            | Last Name                             |                              |             |
| 48.          | Crops-either growing      | or harvested                           |                                       |                              |             |
|              | No                        |  |                                       |                              |             |
|              | Yes. Describe             |  |                                       |                              |             |
|              | Tes. Describe             |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
| 49.          | Farm and fishing equi     | ipment, implements, machinery, fix     | tures, and tools of trade             |                              |             |
|              |                           | , p                                    |                                       |                              |             |
|              | <b>✓</b> No               |  |                                       |                              |             |
|              | Yes. Describe             |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           | <del></del>                            |                                       |                              |             |
| 50.          | Farm and fishing supp     | plies, chemicals, and feed             |                                       |                              |             |
|              | <b>✓</b> No               |  |                                       |                              |             |
|              | Yes. Describe             |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
| 51.          | Any farm- and comme       | ercial fishing-related property you    | did not already list                  |                              |             |
|              | <b>√</b> No               |  |                                       |                              |             |
|              | Yes. Describe             |  |                                       |                              |             |
|              | Too. Describe             |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       | [                            |             |
|              |                           | all of your entries from Part 6, inclu |                                       | jes you have attached        |             |
| for Pa       | art 6. Write that numbe   | er here                                |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
| Part         | 7: Describe All Pro       | operty You Own or Have an Int          | terest in That You Dic                | d Not List Above             |             |
| 53.          |                           | pperty of any kind you did not alrea   | dy list?                              |                              |             |
|              | Examples: Season ticke    | ets, country club membership           |                                       |                              |             |
|              | <b>✓</b> No               |  |                                       |                              | 1           |
|              | Yes. Give specific        |  |                                       |                              |             |
|              | information               |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              | _           |
| 54. A        | dd the dollar value of a  | all of your entries from Part 7. Write | e that number here                    |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
|              |                           |  |                                       |                              |             |
| Part         | 8: List the Totals of     | of Each Part of this Form              |                                       |                              |             |
|              |                           |  |                                       | _                            |             |
| 55. 1        | Part 1: Total real estat  | e, line 2                              |                                       | P                            |             |
|              |                           | _                                      |                                       |                              |             |
| 1            | part 2 total vehicles, li |  | -                                     | <del></del>                  |             |
| 57. <b>F</b> | Part 3: Total personal a  | nd household items, line 15            | \$2045.00                             |                              |             |
| 58. <b>F</b> | art 4: Total financial a  | ssets, line 36                         | фо.40.00                              |                              |             |
|              |                           |  | \$240.00                              | <u> </u>                     |             |
| 59.1         | Part 5: Total business-   | related property, line 45              |                                       | <u></u>                      |             |
| 60. I        | Part 6: Total farm- and   | fishing-related property, line 52      |                                       |                              |             |
| 61           | Dart 7: Total athar       | perty not listed, line 54              |                                       | <del>_</del>                 |             |
|              |                           |  |                                       |                              |             |
| 62.          | Total personal property   | y. Add lines 56 through 61             | \$2285.00                             |                              | + \$2285.00 |
|              |                           |  | · · · · · · · · · · · · · · · · · · · | Copy personal property total |             |
|              |                           |  |                                       |                              | Φ0005.33    |
|              | latal of all many of      | Cohodula A/D Add Bay 55 Pr. CC         |                                       |                              | \$2285.00   |
| 03.I         | otal of all property on   | Schedule A/B. Add line 55 + line 62.   |                                       |                              |             |

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|--------------------------|--|--|---|---|--|---|
| Fill                     | in this inforr   | nation to identify your case   | 9:  |   |  |   |
| Deb                      | otor 1   | Dakota<br>First Name   | L<br>Middle Name  | Barnes<br>Last Name   | _  |   |
|                          | otor 2<br>use, if filing)  | First Name   | Middle Name   | Last Name   | _  |   |
| Uni                      | ted States B   | ankruptcy Court for the: N   | orthern D   | istrict of Illinois   |  |   |
| Cas<br>(If kn            | e number<br>own)   | _  |   | (State)   | _  |   |
| Of                       | ficial I   | Form 106C  |   |   |  | Check if this is an amended filing  |
| Sc                       | hedule   | C: The Prope   | rty You Claim a   | s Exempt  |  | 04/16   |
| For stat the tax-und you | each item e a specif amount o exempt re er a law t r exempti t 1: Iden | es, write your name and of property you claim ic dollar amount as exf any applicable statute tirement funds—may hat limits the exemption would be limited to tify the Property You C | d case number (if known) as exempt, you must s empt. Alternatively, you bry limit. Some exempt be unlimited in dollar a on to a particular dollar the applicable statutor | pecify the amount of umay claim the full faions—such as those for mount. However, if you amount and the value y amount. | the exemption you claim.<br>ir market value of the pro<br>for health aids, rights to re<br>ou claim an exemption of<br>e of the property is detern | One way of doing so is to operty being exempted up to eceive certain benefits, and 100% of fair market value nined to exceed that amount, |
|                          |  |  | eral nonbankruptcy exemp  | · · · · · · · · · · · · · · · · · · ·   | -  |   |
|                          | You a  | re claiming federal exemp  | otions. 11 U.S.C. § 522(b)(2  | 2)  |  |   |
| 2.                       | For any p  | operty you list on Schedu  | le A/B that you claim as e  | xempt, fill in the informa  | tion below.  |   |
|                          |  | ription of the property an<br>hedule A/B that lists this   | d Current value of the portion you own  Copy the value from Schedule A/B  | Amount of the exempti   |  | ific laws that allow exemption  |
|                          | Brief description Used Line from                                       | Clothing   | \$415.00  | \$4  100% of fair marke applicable statutory  |  | 735 ILCS 5/12-1001(a)   |

No Yes

Schedule A/B:

Debit

Line from Schedule A/B:

Other financial account,

3. Are you claiming a homestead exemption of more than \$160,375?

NetSpend - Prepaid

description:

Brief

\$240.00

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

**✓** 

\$240.00

100% of fair market value, up to any

applicable statutory limit

735 ILCS 5/12-1001(b)

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Debtor 1 Dakota Barnes Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$800.00 description:  $\checkmark$ \$800.00 **Used Furniture** 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 06 Brief 735 ILCS 5/12-1001(b) \$800.00 description: **✓** \$800.00 Used Electonics - 3 TV's, 100% of fair market value, up to any 1 Cell Phone applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) \$30.00 description:  $\overline{}$ \$30.00 Misc Jewelry 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 735 ILCS 5/12-1001(g)(4) description: Unknown  $\checkmark$ Support, Back Child 100% of fair market value, up to any Support applicable statutory limit

Line from Schedule A/B:

29

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|                        |                                   |                               | ğ  |   |   |                                   |
|------------------------|-----------------------------------|-------------------------------|--|---|---|-----------------------------------|
| Fill in this info      | ormation to identify your c       | ase:                          |  |   |   |                                   |
| Debtor 1               | Dakota                            | L                             | Barnes   |   |   |                                   |
|                        | First Name                        | Middle Name                   | Last Name  |   |   |                                   |
| Debtor 2               |                                   |                               |  |   |   |                                   |
| (Spouse, if filing)    | First Name                        | Middle Name                   | Last Name  |   |   |                                   |
| United States          | Bankruptcy Court for the:         | Northern                      | District of Illinois   |   |   |                                   |
|                        |                                   |                               | (State)  |   |   |                                   |
| Case number (If known) | ·                                 |                               |  |   |   |                                   |
|                        |                                   |                               |  |   |   | Check if this is an               |
| Official               | Form 106D                         |                               |  |   |   | amended filing                    |
| Sched                  | ule D: Credit                     | ors Who Ha                    | ve Claims Secur  | ed by Prop  | erty  | 12/15                             |
| more space is          | -                                 |                               | e are filing together, both are equ<br>nber the entries, and attach it to                                | •   |   |                                   |
| 1. Do any              | creditors have claims s           | secured by your proper        | ty?  |   |   |                                   |
| ✓ No.                  | . Check this box and subi         | mit this form to the court    | with your other schedules. You have  | ve nothing else to repo   | ort on this form.                                     |                                   |
| Yes                    | s. Fill in all of the information | on below.                     |  |   |   |                                   |
| Part 1: Lis            | t All Secured Claims              |                               |  |   |   |                                   |
| for each               |                                   | ditor has a particular claim, | red claim, list the creditor separately list the other creditors in Part 2. As g to the creditor's name. | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |

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| Fill                                 | in this infor   | mation to identify your c   | ase:   |  |   |  |  |   |
|--------------------------------------|---|---|--|--|---|--|--|---|
| Dek                                  | otor 1  | Dakota  | L  | Barnes   |   |  |  |   |
|                                      |   | First Name  | Middle Name  | Last Name  |   |  |  |   |
|                                      | otor 2  |   |  |  |   |  |  |   |
| (Spc                                 | ouse, if filing)  | First Name  | Middle Name  | Last Name  |   |  |  |   |
| Uni                                  | ited States B   | ankruptcy Court for the:  | Northern   | District of Illinois   |   |  |  |   |
|                                      |   |   | _  | (State)  |   |  |  |   |
|                                      | se number<br>nown)  |   |  |  |   |  |  |   |
| Of                                   | ficial F  | orm 106E/F  |  |  |   | Ch   | eck if this is a   | n amended filing                                  |
|                                      |   | <del></del>   |  |  |   |  |  |   |
| S                                    | chedu   | ıle E/F: Cre  | editors Who  | Have Unsec   | cured Claims  |  |  | 12/15   |
| othe<br>Forr<br>clain<br>the<br>know | er party to a<br>n 106A/B) a<br>ms that are<br>entries in t<br>wn). | any executory contracts<br>and on <i>Schedule G: Exe</i><br>Ilisted in <i>Schedule D: C</i><br>he boxes on the left. At | s or unexpired leases that<br>cutory Contracts and Une<br>creditors Who Hold Claims              | could result in a claim. xpired Leases (Official F<br>Secured by Property. If              | s and Part 2 for creditors wi<br>Also list executory contract<br>orm 106G). Do not include a<br>more space is needed, copy<br>op of any additional pages, v | s on <i>Sched</i><br>iny credito<br>the Part y | <i>lule A/B: Pro</i><br>ors with partia<br>ou need, fill | perty (Official<br>ally secured<br>it out, number |
|                                      |   |   |  |  |   |  |  |   |
| 1.                                   |   |   | secured claims against y   | ou?  |   |  |  |   |
|                                      | 프   | Go to Part 2.   |  |  |   |  |  |   |
|                                      | Yes.  |   |  |  |   |  |  |   |
| 2.                                   | listed, ider<br>As much a<br>Continuat                              | ntify what type of claim it<br>as possible, list the claims<br>ion Page of Part 1. If mor                               | is. If a claim has both priorit<br>in alphabetical order accord<br>e than one creditor holds a p | y and nonpriority amounts<br>ling to the creditor's name<br>particular claim, list the oth |   | both priorit                                   | ty and nonprio   | ority amounts.                                    |
|                                      | (For an ex  | planation of each type of   | claim, see the instructions f  | or this form in the instructi  | on booklet.)  |  |  |   |
|                                      |   |   |  |  |   | Total  | Driority   | Nonnriority                                       |

claim

amount

amount

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| Debto   | or 1 Dakota                                       | L                      | Barnes                    | Case number (itknown)  |  |
|---------|---|------------------------|---------------------------|--|--|
| Dobte   | First Name  | Middle Name            | Last Name                 | Cddc Hallibal (II NILOWI)  |  |
| Part 2  | List All of Your NONF                             | PRIORITY Unsec         | ured Claims               |  |  |
| [<br>[  | Yes.  | report in this part.   | Submit this form to the   | e court with your other schedules.   | All and a single |
| u<br>It | nsecured claim, list the credit                   | or separately for each | n claim. For each claim I | er of the creditor who holds each claim. If a creditor has more<br>listed, identify what type of claim it is. Do not list claims already in<br>Part 3.If you have more than four priority unsecured claims fill ou | Icluded in Part 1. It the Continuation   |
| 41      | Americash - Bankruptcy                            |                        |                           |  | Total claim<br>\$275.00  |
| 4.1     | Nonpriority Creditor's Name                       |                        |                           | Last 4 digits of account number  | \$275.00   |
|         | Mkt Square Shop Ctr 180 S<br>Number Street        | Bolingbrook Dr         |                           | When was the debt incurred?n/a   |  |
|         |   |                        |                           | As of the date you file, the claim is: Check all that apply.  Contingent   |  |
|         | Bolingbrook                                       | Illinois               | 60440                     | Unliquidated   |  |
|         |   | State                  | Zip Code                  | Disputed   |  |
|         | Who incurred the debt? C  Debtor 1 only           | heck one.              |                           | Type of NONPRIORITY unsecured claim:   |  |
|         | Debtor 1 only  Debtor 2 only                      |                        |                           | Student loans  |  |
|         | Debtor 1 and Debtor 2                             | only                   |                           | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |  |
|         | At least one of the debte                         | ors and another        |                           | Debts to pension or profit-sharing plans, and other similar  |  |
|         | Check if this claim rel                           | lates to a communi     | ty debt                   | debts  Other. Specify Payday Loan  |  |
|         | Is the claim subject to offs                      | set?                   |                           |  |  |
|         | <b>✓</b> No                                       |                        |                           |  |  |
|         | Yes   |                        |                           |  |  |
| 4.2     | AT&T (Cable/Cellular) Nonpriority Creditor's Name |                        |                           | Last 4 digits of account number  | \$1.00   |
|         | 3840 147th  |                        |                           | When was the debt incurred?n/a   |  |
|         | Number Street                                     |                        |                           | As of the date you file, the claim is: Check all that apply.   |  |
|         | -   |                        | <del>-</del>              | Contingent   |  |
|         |   | Illinois               | 60445                     | Unliquidated   |  |
|         | City Who incurred the debt? C                     | State<br>heck one      | Zip Code                  | Disputed   |  |
|         | Debtor 1 only                                     |                        |                           | Type of NONPRIORITY unsecured claim:   |  |
|         | Debtor 2 only                                     |                        |                           | Student loans  |  |
|         | Debtor 1 and Debtor 2                             | only                   |                           | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |  |
|         | At least one of the debte                         | ors and another        |                           | Debts to pension or profit-sharing plans, and other similar debts  |  |
|         | Check if this claim rel                           |                        | ty debt                   | Other. Specify Notice Only   |  |
|         | Is the claim subject to offs  No                  | set?                   |                           | _  |  |
|         | ✓ No  Yes   |                        |                           |  |  |
| 4.3     | ATG CREDIT  |                        |                           |  | \$1.00   |
| 4.5     | Nonpriority Creditor's Name                       |                        |                           | Last 4 digits of account number  | Ψ1.00  |
|         | 1700 W CORTLAND ST STE<br>Number Street           | <u> </u>               |                           | When was the debt incurred?n/a   |  |
|         |   |                        |                           | As of the date you file, the claim is: Check all that apply.  Contingent   |  |
|         | CHICACO   | Illinaia               | 60600                     | Unliquidated   |  |
|         | -   | Illinois<br>State      | 60622<br>Zip Code         | Disputed   |  |
|         | Who incurred the debt? C  Debtor 1 only           | heck one.              |                           | Type of NONPRIORITY unsecured claim:   |  |
|         | Debtor 1 only                                     |                        |                           | Student loans  |  |
|         | Debtor 1 and Debtor 2 of                          | only                   |                           | Obligations arising out of a separation agreement or   |  |
|         | At least one of the debte                         | -                      |                           | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar  |  |
|         | 부   |                        | ty dobt                   | debts  |  |
|         | Is the claim subject to offs                      |                        | ty debt                   | Other. Specify Notice Only   |  |
|         | ✓ No  |                        |                           |  |  |
| Offic   | Yes<br>orm 106E/F                                 | s                      | chedule E/F: Creditors    | s Who Have Unsecured Claims  | page 2   |

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Debtor 1 Dakota Barnes Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 **Black Expressions** \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a Po Box 916400 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 61866 Rantoul Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Notice Only Is the claim subject to offset? No Yes City of Chicago - Parking and red Light Tickets \$4,800.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Department of Revenue - PO Box 88292 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60680 City Disputed Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify  $\overline{\mathbf{v}}$ Is the claim subject to offset? **✓** No Yes CONTRACT CALLERS INC \$126.00 4.6 Last 4 digits of account number 1649 Nonpriority Creditor's Name When was the debt incurred? 5/2018 501 GREENE ST STE 302 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated AUGUSTA 30901 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt 001 Collection; Collecting for **V** ORIGINAL CREDITOR: Is the claim subject to offset? COMMONWEALTH EDISON

**✓** No

Yes

Other. Specify

COMPANY

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Debtor 1 Dakota Barnes Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 Creditors Discount & Audit Co. \$1,145.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 415 Main St. Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 61364 Streator Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Unsecured Is the claim subject to offset? No  $\overline{\mathbf{A}}$ Yes Dependon Collection Service, Inc. \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 4833 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Oak Brook Illinois 60523 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Notice Only V Is the claim subject to offset? **✓** No Yes **ESCALLATE LLC** 4.9 \$1.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 5200 Stoneham Rd Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated North Canton 44720 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Notice Only

✓ No Yes

Is the claim subject to offset?

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| Debtor   | 1 Dakota L  | Barnes Case number (if known)   |             |
|----------|---|---|-------------|
| Part 2:  | First Name Middle Name  Your NONPRIORITY Unsecured Claims - Contin              | Last Name nuation Page  |             |
| T GIT 2. | After listing any entries on this page, number them begi                        | •   | Total claim |
| 4.10     | HERTG ACCPT   | Last 4 digits of account number 2701  | \$10,298.00 |
|          | Nonpriority Creditor's Name<br>1420 S MICHIGAN                                  | Last 4 digits of account number 2701  When was the debt incurred? 2/2013  |             |
|          | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|          |   | Contingent  |             |
|          | OOLITH DEND   | Unliquidated  |             |
|          | SOUTH BEND Indiana 46556 City State Zip Code                                    | Disputed  |             |
|          | Who incurred the debt? Check one.  Debtor 1 only                                | Type of NONPRIORITY unsecured claim:  |             |
|          | <u> </u>  | Student loans   |             |
|          | Debtor 2 only   | Obligations arising out of a separation agreement or  |             |
|          | Debtor 1 and Debtor 2 only  At least one of the debtors and another             | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |
|          | 片   | debts   |             |
|          | Lack if this claim relates to a community debt  Is the claim subject to offset? | Other. Specify08 Dodge Avenger  |             |
|          | No  |   |             |
|          | Yes   |   |             |
| 4.11     | IL Tollway  | Last 4 digits of account number   | \$1.00      |
|          | Nonpriority Creditor's Name<br>2700 Ogden Ave                                   | When was the debt incurred? n/a   |             |
|          | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|          |   | Contingent  |             |
|          | Downers Crove Illinois 60515  | Unliquidated  |             |
|          | Downers GroveIllinois60515CityStateZip Code                                     | Disputed  |             |
|          | Who incurred the debt? Check one.  Debtor 1 only                                | Type of NONPRIORITY unsecured claim:  |             |
|          | Debtor 2 only   | Student loans   |             |
|          | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or  |             |
|          | At least one of the debtors and another   | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |
|          | Check if this claim relates to a community debt                                 | debts   |             |
|          | Is the claim subject to offset?   | Other. Specify Notice Only  |             |
|          | ✓ No  |   |             |
|          | Yes   |   |             |
| 4.12     | JCITRON LAW   | Last 4 digits of account number 3542  | \$6,449.00  |
|          | Nonpriority Creditor's Name<br>120 W MADISON ST#701                             | When was the debt incurred? 10/2013   |             |
|          | Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|          |   | Contingent  |             |
|          | ChicagoIllinois60602CityStateZip Code   | Unliquidated  |             |
|          | Who incurred the debt? Check one.   | Disputed  |             |
|          | Debtor 1 only   | Type of NONPRIORITY unsecured claim:  |             |
|          | Debtor 2 only   | Student loans   |             |
|          | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or  |             |
|          | At least one of the debtors and another   | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar |             |
|          | Check if this claim relates to a community debt                                 | debts   |             |
|          | Is the claim subject to offset?   | Collection; Collecting for ORIGINAL CREDITOR: 09 ADRIA  |             |
|          | ✓ No  | Other. Specify MANAGEMENT   |             |

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Debtor 1 Dakota Barnes Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Mercy Hospital Medical Center \$1.00 - Last 4 digits of account number Nonpriority Creditor's Name 2555 S King Dr When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60616 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_ Notice Only Is the claim subject to offset? No ☐ Yes 4.14 Peoples Gas \$420.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 200 E. Randolph As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60601 Disputed State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Unsecured Is the claim subject to offset? **✓** No Yes Purchasing Power, LLC \$2,000.00 4.15 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1349 W Peachtree St Nw Ste 1100 As of the date you file, the claim is: Check all that apply. Attn: Zandria D. Johnson Contingent Unliquidated Atlanta 30309 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Unsecured Is the claim subject to offset? **V** No

Yes

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| Debtor   | 1 Dakota  | L               | Barnes               |                          | Case number (if known)  |             |  |  |
|----------|---|-----------------|----------------------|--------------------------|---|-------------|--|--|
|          | First Name  | Middle Name     | Last Name            | ne                       |   |             |  |  |
| Part 2:  | Your NONPRIORITY U  | Jnsecured Clai  | ms - Continuation    | Page                     |   |             |  |  |
| r art Er | •   |                 |                      |                          | allowed by A.C. and as forth                                    | Total alaim |  |  |
|          |   | this page, numb | er them beginning wi | /ILII 4.3, I             | ollowed by 4.6, and so forth.                                   | Total claim |  |  |
| 4.16     | T mobile Bankruptcy Team<br>Nonpriority Creditor's Name   |                 |                      | <ul><li>Last 4</li></ul> | digits of account number  | \$285.00    |  |  |
|          | PO Box 53410  |                 |                      | When                     | was the debt incurred? n/a                                      |             |  |  |
|          | Number Street   |                 |                      |                          |   |             |  |  |
|          |   |                 |                      |                          | the date you file, the claim is: Check all that apply.          |             |  |  |
|          |   |                 |                      | - ∐ ∘                    | ontingent   |             |  |  |
|          | Bellevue V  | Vashington      | 98015                | Lυ                       | nliquidated   |             |  |  |
|          | City  | State           | Zip Code             | _ 🔲 D                    | isputed   |             |  |  |
|          | Who incurred the debt? Ch Debtor 1 only                   | neck one.       |                      | Туре                     | of NONPRIORITY unsecured claim:                                 |             |  |  |
|          | <u>'</u>  |                 |                      | ☐ St                     | audent loans  |             |  |  |
|          | Debtor 2 only   |                 |                      | =                        | bligations arising out of a separation agreement or             |             |  |  |
|          | Debtor 1 and Debtor 2 o                                   | only            |                      |                          | vorce that you did not report as priority claims                |             |  |  |
|          | At least one of the debto                                 | ors and another |                      |                          | ebts to pension or profit-sharing plans, and other similar      |             |  |  |
|          | Check if this claim rela                                  | ates to a commu | nity debt            |                          | ther. Specify Unsecured   |             |  |  |
|          | Is the claim subject to offs                              | set?            |                      | V                        | · ,   |             |  |  |
|          | <b>✓</b> No   |                 |                      |                          |   |             |  |  |
|          | Yes   |                 |                      |                          |   |             |  |  |
|          |   |                 |                      |                          |   |             |  |  |
| 4.17     | Verizon Nonpriority Creditor's Name                       |                 |                      | <ul><li>Last 4</li></ul> | digits of account number  | \$908.00    |  |  |
|          | PO Box 291089   |                 |                      | When                     | was the debt incurred? n/a                                      |             |  |  |
|          | Number Street   |                 |                      |                          | the data was file the electric to Charle II that even           |             |  |  |
|          |   |                 |                      |                          | the date you file, the claim is: Check all that apply.          |             |  |  |
|          |   |                 |                      |                          | ontingent   |             |  |  |
|          | Columbia S  | South Carolina  | 29229                | _ 📙 ∪                    | nliquidated   |             |  |  |
|          | City  | State           | Zip Code             | _ 🔲 D                    | isputed   |             |  |  |
|          | Who incurred the debt? Ch Debtor 1 only                   | neck one.       |                      | Туре                     | of NONPRIORITY unsecured claim:                                 |             |  |  |
|          | <u>'</u>  |                 |                      | Si                       | udent loans   |             |  |  |
|          | Debtor 2 only   |                 |                      | 一一。                      | bligations arising out of a separation agreement or             |             |  |  |
|          | Debtor 1 and Debtor 2 o                                   | only            |                      | <u> </u>                 | vorce that you did not report as priority claims                |             |  |  |
|          | At least one of the debto                                 | ors and another |                      |                          | ebts to pension or profit-sharing plans, and other similar      |             |  |  |
|          | Check if this claim rela                                  | ates to a commu | nity debt            |                          | ther. Specify Unsecured   |             |  |  |
|          | Is the claim subject to offs                              | set?            |                      |                          | · · ·   |             |  |  |
|          | <b>✓</b> No   |                 |                      |                          |   |             |  |  |
|          | Yes   |                 |                      |                          |   |             |  |  |
|          |   | Part Carter     |                      |                          |   |             |  |  |
| 4.18     | West Suburban Hospital Med<br>Nonpriority Creditor's Name | dical Center    |                      | <ul><li>Last 4</li></ul> | digits of account number  | \$1.00      |  |  |
|          | 3 Erie Street   |                 |                      | When                     | was the debt incurred?n/a                                       |             |  |  |
|          | Number Street   |                 |                      | As of                    | the date you file, the claim is: Check all that apply.          |             |  |  |
|          |   |                 |                      |                          | ontingent   |             |  |  |
|          |   |                 |                      |                          |   |             |  |  |
|          |   | llinois         | 60302                | - =                      | nliquidated   |             |  |  |
|          | •   | State           | Zip Code             | Шυ                       | sputed  |             |  |  |
|          | Who incurred the debt? Ch Debtor 1 only                   | IOOK OHG.       |                      | Type                     | of NONPRIORITY unsecured claim:                                 |             |  |  |
|          | Debtor 2 only   |                 |                      | ☐ St                     | audent loans  |             |  |  |
|          | <b>'</b>  |                 |                      | 一一。                      | bligations arising out of a separation agreement or             |             |  |  |
|          | Debtor 1 and Debtor 2 o                                   | oniy            |                      |                          | vorce that you did not report as priority claims                |             |  |  |
|          | At least one of the debto                                 | ors and another |                      |                          | ebts to pension or profit-sharing plans, and other similar ebts |             |  |  |
|          | Check if this claim rela                                  |                 | nity debt            |                          | ther. Specify Notice Only                                       |             |  |  |
|          | Is the claim subject to offs  No                          | set?            |                      |                          |   |             |  |  |

Yes

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| First Name         |  | Middle Name          | Last Name           | Case number (if F                             | known)   |
|--------------------|--|----------------------|---------------------|---|--|
| First Name         |  | Middle Name          | Last Name           |   |  |
| 3: List Others     | to Be Notified A                                     | About a Debt Tha     | t You Already List  | ed  |  |
| collection agenc   | y is trying to colle                                 | ct from you for a de | ebt you owe to some | ne else, list the original cr                 | / listed in Parts 1 or 2. For example, if a reditor in Parts 1 or 2, then list the |
| -                  | •  | •                    |                     |   | ed in Parts 1 or 2, list the additional of fill out or submit this page.           |
| ComEd              |  |                      |                     |   |  |
| Name               |  |                      | On which ent        | y in Part 1 or Part 2 did yo                  | u list the original creditor?  |
| 919 Swift Drive    | Line 4.6 of (Check Part 1: Creditors with Priority L |                      |                     |   |  |
| Number Street      | per Street   |                      | <u> </u>            | t 2: Creditors with Nonpriority Unsecured ims |  |
| Oak Brook          | Illinois   | 60523                | Last 4 digits       | f account number 164                          | 9  |
| City               | State  | Zip Code             |                     |   | <u>-                                      </u>                                     |
| Arnold Scott Harri | S  |                      |                     |   |  |
| Name               |  |                      | On which ent        | y in Part 1 or Part 2 did yo                  | u list the original creditor?  |
| 111 W. Jackson #   | <b>#</b> 600   |                      | Line 4.5            |   | t 1: Creditors with Priority Unsecured Claim                                       |
| Number Street      | t<br>  |                      |                     | <u> </u>                                      | t 2: Creditors with Nonpriority Unsecured ims                                      |
| Chicago            | Illinois   | 60604                | Last 4 digits       | f account number                              |  |
| City               | State  | Zip Code             | Eust + digits       |   |  |

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Debtor 1 Dakota Barnes Case number (if known) First Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here.

\$0.00

6e.

|                          |   |     | Total claims |
|--------------------------|---|-----|--------------|
| Total claims from Part 2 | 6f. Student loans   | 6f. | \$0.00       |
|                          | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00       |
|                          | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00       |
|                          | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$26,714.00  |
|                          | 6i. Total. Add lines 6f through 6i.   | 6i. | \$26,714.00  |

6e. Total. Add lines 6a through 6d.

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| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |  |  |
|---|---------------------------|-------------|----------------------|--|--|--|--|--|--|
| Debtor 1  | Dakota                    | L           | Barnes               |  |  |  |  |  |  |
|   | First Name                | Middle Name | Last Name            |  |  |  |  |  |  |
| Debtor 2  |                           |             |                      |  |  |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |  |  |
|   |                           |             | (State)              |  |  |  |  |  |  |
| Case number<br>(If known)                       |                           |             |                      |  |  |  |  |  |  |

|  | O | ffi | cial | Form | 1( | 36G |
|--|---|-----|------|------|----|-----|
|--|---|-----|------|------|----|-----|

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or comp                           | any with whom you have | the contract or lease | State what the contract or lease is for                                     |
|-----|--|------------------------|-----------------------|---|
| 2.1 | Chester David Grand Name 2302 W North Av |                        |                       | Residential Lease,<br>Debtor is Lessee,<br>Year to Year - Residential Lease |
|     | Number                                   | Street                 |                       |   |
|     | Chicago                                  | Illinois               | 60647                 |   |
|     | City                                     | State                  | Zip Code              |   |

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|                  |                       |   | 20   | ournoine i ago               |  |
|------------------|-----------------------|---|--|------------------------------|--|
| Fill in          | this infor            | mation to identify you                          | r case:  |                              |  |
| Debto            | or 1                  | Dakota  | L  | Barnes                       |  |
|                  |                       | First Name                                      | Middle Name  | Last Name                    |  |
| Debto<br>(Spous  | or 2<br>e, if filing) | First Name                                      | Middle Name  | Last Name                    |  |
| United           | d States F            | sankruptcy Court for th                         | ie: Northern   | District of Illinois         |  |
|                  |                       | amapay court of a                               | 1401410111   | (State)                      |  |
| Case<br>(If know | number<br>vn)         |   |  |                              |  |
|                  |                       |   |  |                              | Check if this is an amended filing   |
| Offi             | icial                 | Form 106H                                       | 4  |                              | amended ming   |
|                  |                       |   | <del>_</del>   |                              |  |
| <u>Sch</u>       | edul                  | e H: Your Co                                    | odebtors   |                              | 12/15  |
| 2. V             | No Yes Within the     | e last 8 years, have y                          | f you are filing a joint case, do  ou lived in a community pro  Mexico, Puerto Rico, Texas, W. | perty state or territory?    | Community property states and territories include Arizona, California,   |
| Ì                | Yes.                  | Did your spouse, for                            | mer spouse, or legal equiva  | lent live with you at the ti | me?  |
|                  |                       | No  |  |                              |  |
|                  |                       | Yes. In which commu                             | unity state or territory did you   | ı live?                      | Fill in the name and current address of that person.   |
|                  |                       | Name of your spous                              | e, former spouse, or legal equ   | valent                       |  |
|                  |                       | Number Street                                   |  |                              | <del></del>  |
|                  |                       | City  | State  | Zip Cod                      | <u> </u>   |
| a<br>S           | gain as a<br>Schedule | a codebtor only if tha<br>E/F (Official Form 10 | it person is a guarantor or c  | osigner. Make sure you       | your spouse is filing with you. List the person shown in line 2 nave listed the creditor on Schedule D (Official Form 106D), dule D, Schedule E/F, or Schedule G to fill out Column 2. |
| C                | Column 1              | : Your codebtor                                 |  |                              | Column 2: The creditor to whom you owe the debt  |

Check all schedules that apply:

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|                     |  | 20                       | oamone                   | . ago o           | 0.00                |   |                   |
|---------------------|--|--------------------------|--------------------------|-------------------|---------------------|---|-------------------|
| Fill in t           | his information to identify  | your case:               |                          |                   |                     |   |                   |
| Debtor              | 1 Dakota   | L                        | Barne                    | S                 |                     |   |                   |
|                     | First Name   | Middle Name              | Last N                   | ame               | — Che               | eck if this is:   |                   |
| Debtor              |  | NA' J. II. N             | 1                        |                   | _                   | An amended filing   |                   |
| (Spouse,            | if filing) First Name  | Middle Name              | Last N                   | ame               |                     | •   | tition abantar 19 |
| United the: Case no | States Bankruptcy Court for  | Northern                 | _ District of Illi<br>(S | nois<br>State)    |                     | A supplement showing post-pet<br>expenses as of the following dat |                   |
| (If known           |  |                          |                          |                   |                     | MM / DD / YYYY  |                   |
| Offic               | cial Form 106I   |                          |                          |                   |                     |   |                   |
| Sche                | edule I: Your In   | come                     |                          |                   |                     |   | 12/15             |
| numbei              | . If more space is needed r (if known). Answer ever                      | y question.              | et to this for           | m. On the to      | p of any addit      | ional pages, write your nam                                       | e and case        |
|                     | in your employment   |                          | Debtor 1                 |                   |                     | Debtor 2  |                   |
|                     |  | Employment status        | <b>✓</b> Emplo           | yed               |                     | Employed  |                   |
| -                   | ou have more than one job,<br>ach a separate page with                   |                          |                          | nployed           |                     | Not Employed  |                   |
|                     | ormation about additional ployers.                                       | Occupation               | Account R                |                   |                     |   |                   |
|                     | lude part time, seasonal, or<br>f-employed work.                         | Employer's name          | Harris & Ha              | arris LTD         |                     |   |                   |
|                     |  | Employer's address       | 111 West                 | Jackson Boule     | ard Suite 400       |   |                   |
|                     | cupation may include student nomemaker, if it applies.                   |                          | Number Str               | reet              |                     | Number Street   |                   |
|                     |  |                          |                          |                   |                     | <u> </u>  |                   |
|                     |  |                          | Chicago<br>City          | Illinois<br>State | 60604<br>Zip Code   | City State  | Zip Code          |
|                     |  |                          | 4 months                 | Otate             | Zip Oode            | Gity State  | Zip Gode          |
|                     |  | How long employed there? | 4 1110111115             |                   |                     |   |                   |
| Part 2              | 2: Give Details About N  | Nonthly Income           |                          |                   |                     |   |                   |
|                     | nate monthly income as of t  |                          | <b>n.</b> If you have    | nothing to rep    | ort for any line, v | write \$0 in the space. Include yo                                | our non-filing    |
|                     | e unless you are separated. or your non-filing spouse have               | e more than one employer | combine the              | information for   | all employers fo    | or that person on the lines below                                 | / If you need     |
|                     | space, attach a separate she   |                          |                          |                   | Debtor 1            | For Debtor 2 or   | . II you need     |
| d                   | .ist monthly gross wages, sala<br>leductions.) If not paid monthly<br>e. |                          |                          | 2.                | \$2,395.64          | non-filing spouse   |                   |
|                     | stimate and list monthly over  | rtime pay.               |                          | 3.                | + \$0.00            |   |                   |
|                     | Calculate gross income. Add li   |                          |                          | 4.                | \$2,395.64          |   |                   |
|                     |  |                          |                          |                   |                     |   |                   |

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| Deptor         | r 1Dakota<br>First Name              | L<br>Middle Name  | Barnes<br>Last Name |            | Case number            | r <i>(if</i>                      |       |                                     |
|----------------|--------------------------------------|---|---------------------|------------|------------------------|-----------------------------------|-------|-------------------------------------|
|                | riist Name                           | WITCHE NAME   | Last Name           |            | known) For Debtor 1    | For Debtor 2 or non-filing spouse |       |                                     |
| Copy           | y line 4 here                        |   | →                   | 4.         | \$2,395.64             |                                   | ı     |                                     |
| 5. <b>List</b> | all payroll dedu                     |   |                     |            |                        |                                   |       |                                     |
|                |                                      | and Social Security deductions  |                     | 5a.        | \$407.23               |                                   |       |                                     |
| 5b.            | Mandatory con                        | tributions for retirement plans   |                     | 5b.        | \$0.00                 |                                   |       |                                     |
|                | •                                    | ibutions for retirement plans   |                     | 5c.        | \$0.00                 |                                   |       |                                     |
|                | •                                    | ments of retirement fund loans  |                     | 5d.        | \$0.00                 |                                   |       |                                     |
|                | Insurance                            |   |                     | 5e.        | \$164.97               |                                   |       |                                     |
|                | Domestic suppo                       | ort obligations   |                     | 5f.        | \$0.00                 |                                   |       |                                     |
|                | Union dues                           | or obligations  |                     | 5g.        | \$0.00                 |                                   |       |                                     |
|                |                                      | ns. Specify:  |                     | 5h. +      | \$0.00 +               |                                   |       |                                     |
|                |                                      | luctions. Add lines 5a + 5b + 5c + 5d + 5e  |                     | 6.         | \$572.20               |                                   |       |                                     |
|                | ulate total mo                       | nthly take-home pay. Subtract line 6 from I   | line 4.             | 7.         | \$1,823.45             |                                   |       |                                     |
| 8. List        | all other incom                      | e regularly received:   |                     |            |                        |                                   |       |                                     |
|                | Net income fro<br>business, profe    | m rental property and from operating a ssion, or farm   |                     |            |                        |                                   |       |                                     |
|                |                                      | nt for each property and business showing rdinary and necessary business expenses, a  | and                 | 0.0        | \$0.00                 |                                   |       |                                     |
|                | Interest and di                      |   |                     | 8a.<br>8b. | \$0.00                 |                                   |       |                                     |
| 8c.            |                                      | payments that you, a non-filing spouse,   | or a                | ob.        | φυ.υυ                  |                                   |       |                                     |
|                | Include alimony,                     | spousal support, child support, maintenand<br>nt, and property settlement.  | ce,                 | 8c.        | \$400.00               |                                   |       |                                     |
| 8d.            | Unemployment                         | compensation  |                     | 8d.        | \$0.00                 |                                   |       |                                     |
| 8e. :          | Social Security                      |   |                     | 8e.        | \$0.00                 |                                   |       |                                     |
|                | nclude cash ass<br>cash assistance t | ent assistance that you regularly receive<br>istance and the value (if known) of any non-<br>hat you receive, such as food stamps (bene<br>emental Nutrition Assistance Program) or<br>es | _                   | 8f.        | \$0.0 <u>0</u>         |                                   |       |                                     |
| 8g.            | Pension or reti                      | rement income   |                     | 8g.        | \$0.00                 |                                   |       |                                     |
| 8h.            | Other monthly                        | income. Specify: Anticipated Tax Refund   |                     | 8h. +      | \$208.00 +             |                                   |       |                                     |
|                |                                      | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8   | 8g + 8h.            | 9.         | \$608.00               |                                   | ]     |                                     |
|                | •                                    | income. Add line 7 + line 9.<br>e 10 for Debtor 1 and Debtor 2 or non-filing  | g spouse            | 10.        | \$2,431.45 +           |                                   | =     | \$2,431.45                          |
| Inclu<br>frien | ude contribution<br>ds or relatives. | ular contributions to the expenses that you select in the series of you amounts already included in lines 2-10 or an  | our househo         | ld, your   | dependents, your roomn |                                   |       |                                     |
| Spe            |                                      |   |                     |            | • •                    |                                   | 11. + | \$0.00                              |
|                |                                      | n the last column of line 10 to the amoun<br>in the Summary of Schedules and Statistical  |                     |            |                        |                                   | 12.   | \$2,431.45  Combined monthly income |
| 13. <b>Do</b>  | you expect an                        | increase or decrease within the year afte   | er you file tl      | his form   | ?                      |                                   |       |                                     |
|                | Yes. Explain:                        |   |                     |            |                        |                                   |       |                                     |

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|                                 |                                       | Docu   | ment Page 36 of 83                 | 3                     |                   |                   |
|---------------------------------|---------------------------------------|--|------------------------------------|-----------------------|-------------------|-------------------|
| Fill in this infor              | mation to identify                    | your case:   |                                    |                       |                   |                   |
| Debtor 1                        | Dakota                                | L  | Barnes                             |                       |                   |                   |
| Dalata                          | First Name                            | Middle Name  | Last Name                          | Check if this is:     |                   |                   |
| Debtor 2<br>(Spouse, if filing) | First Name                            | Middle Name  | Last Name                          | An amended filir      | ıg                |                   |
| United States E                 | Bankruptcy Court f                    | or the: Northern [   | District of Illinois               |                       |                   | tition chapter 13 |
| Case number                     |                                       |  | (State)                            | expenses as or        | the following dat | .e:               |
| (If known)                      |                                       |  | _                                  | MM / DD / YYYY        | /                 |                   |
| Official                        | Form 10                               | 6J   |                                    |                       |                   |                   |
| Schedul                         | e J: Your                             | <br>Expenses   |                                    |                       |                   | 12/15             |
| information. If (if known). Ans | more space is ne<br>wer every questi  |  |                                    |                       |                   | number            |
| Part 1: Des                     | cribe Your Hou                        | ısehold  |                                    |                       |                   |                   |
| 1. Is this a joi                | nt case?                              |  |                                    |                       |                   |                   |
| ✓ No. Go                        | to line 2                             |  |                                    |                       |                   |                   |
| Yes. D                          | oes Debtor 2 live                     | in a separate household?   |                                    |                       |                   |                   |
|                                 | No                                    |  |                                    |                       |                   |                   |
|                                 | Yes. Debtor 2 r                       | must file Official Forms 106J-2, Exper                                       | ses for Separate Household of Debi | or 2.                 |                   |                   |
| 2. Do you hav                   | e dependents?                         | No   |                                    |                       |                   |                   |
| Do not list Debtor 2.           | Debtor 1 and                          | Yes. Fill out this information for each dependent                            | Dependent's relationship to        | Dependent's           | Does depend       | dent live         |
| Dobtor 2.                       |                                       | caon dependent   | Debtor 1 or Debtor 2 Child         | <b>age</b><br>6 years | with you? No.     |                   |
|                                 |                                       |  |                                    |                       | Yes.              |                   |
|                                 | penses include                        | □ No   |                                    |                       |                   |                   |
| expenses o<br>than              | f people other                        | No No  |                                    |                       |                   |                   |
| yourself an dependent           | •                                     | Yes  |                                    |                       |                   |                   |
|                                 |                                       |  |                                    |                       |                   |                   |
|                                 | _                                     | joing Monthly Expenses   |                                    |                       |                   |                   |
|                                 | of a date after the                   | our bankruptcy filing date unless y<br>bankruptcy is filed. If this is a sup |                                    |                       |                   |                   |
|                                 | •                                     | non-cash government assistance<br>uded it on Schedule I: Your Income         | •                                  |                       | Y                 | our expenses      |
|                                 | or home owners<br>or the ground or lo | ship expenses for your residence. In<br>t. 4.                                | clude first mortgage payments and  |                       | 4.                | \$450.00          |
| If not inc                      | uded in line 4:                       |  |                                    |                       |                   |                   |
|                                 | state taxes                           |  |                                    |                       | 4a                | \$0.00            |
|                                 | •                                     | or renter's insurance  |                                    |                       | 4b.               | \$0.00            |
| 4c. Home                        | maintenance, repa                     | air, and upkeep expenses   |                                    |                       | 4c.               | \$0.00            |

4d. Homeowner's association or condominium dues

4c.

4d.

\$0.00 \$0.00

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Debtor 1 Dakota L Barnes Case number (if known)
First Name Middle Name Last Name

| I list Name initialité Last Name  |            |                  |
|---|------------|------------------|
|   |            | Your expenses    |
| 5. Additional mortgage payments for your residence, such as home equity loans   | 5.         | \$0.00           |
| 6. Utilities:   |            |                  |
| 6a. Electricity, heat, natural gas  | 6a.        | \$150.00         |
| 6b. Water, sewer, garbage collection  | 6b.        | \$0.00           |
| 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.        | \$125.00         |
| 6d. Other. Specify:   | 6d         | \$0.00           |
| 7. Food and housekeeping supplies   | 7.         | \$725.00         |
| 8. Childcare and children's education costs   | 8.         | \$250.00         |
| 9. Clothing, laundry, and dry cleaning  | 9.         | \$200.00         |
| 10. Personal care products and services   | 10.        | \$91.00          |
| 11. Medical and dental expenses   | 11.        | \$75.00          |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments  | 12.        | \$190.00         |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.        | \$0.00           |
| 14. Charitable contributions and religious donations  | 14.        | \$0.00           |
| 15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.   |            |                  |
| 15a. Life insurance   | 15a        | \$0.00           |
| 15b. Health insurance   | 15b        | \$0.00           |
| 15c. Vehicle insurance  | 15c        | \$0.00           |
| 15d. Other insurance. Specify:  | 15d        | \$0.00           |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  |            |                  |
| Specify:  | 16         | \$0.00           |
| 17. Installment or lease payments:  | 10         |                  |
| 17a. Car payments for Vehicle 1   | 17a        | \$0.00           |
| 17b. Car payments for Vehicle 2   | 17b        | \$0.00           |
| 17c. Other. Specify:  | 17c        | \$0.00           |
| 17d. Other. Specify:  | 17d        | \$0.00           |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from   |            | \$0.00           |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.        |                  |
| 19.Other payments you make to support others who do not live with you.  |            |                  |
| Specify:  | 19.        | \$0.00           |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property | 200        | 00.00            |
| 20b. Real estate taxes.   | 20a<br>20b | \$0.00<br>\$0.00 |
| 20c. Property, homeowner's, or renter's insurance   | 200<br>20c | \$0.00           |
| 20d. Maintenance, repair, and upkeep expenses.  | 20d        | \$0.00           |
| 20e. Homeowner's association or condominium dues  |            |                  |
| 253. Temes man a december of contact minute adde  | 20e        | \$0.00           |

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| Debtor 1 Dakota L Barnes Case number (if known)   |            |
|---|------------|
| First Name Middle Name Last Name  |            |
| 21. <b>Other.</b> Specify:  | \$0.00     |
| 22. Calculate your monthly expenses.  | \$2,256.00 |
| 22a. Add lines 4 through 21.  | \$0.00     |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | \$2,256.00 |
| 22c. Add line 22a and 22b. The result is your monthly expenses.   |            |
| 23. Calculate your monthly net income.  |            |
| 23a. Copy line 12 (your combined monthly income) from Schedule I.   | \$2,431.45 |
| 23b. Copy your monthly expenses from line 22 above.   | \$2,256.00 |
| 23c. Subtract your monthly expenses from your monthly income.   | \$175.45   |
| The result is your monthly net income. 23c  |            |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  ✓ No  ✓ Yes  Explain here: |            |

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| Fill in this infor     | mation to identify your ca | ase:                       |  |               |
|------------------------|----------------------------|----------------------------|--|---------------|
| Debtor 1               | Dakota                     | L                          | Barnes                                     |               |
|                        | First Name                 | Middle Name                | Last Name                                  |               |
| Debtor 2               |                            |                            |  |               |
| (Spouse, if filing)    | First Name                 | Middle Name                | Last Name                                  |               |
| United States E        | Bankruptcy Court for the:  | Northern                   | District of Illinois                       |               |
|                        |                            |                            | (State)                                    |               |
| Case number (If known) |                            |                            |  |               |
| (II Kilowiy            |                            |                            |  | Check if this |
| Official               | Form 106De                 | C                          |  | amended filir |
| <u> </u>               |                            | <u>~</u>                   |  |               |
| Declarat               | ion About an l             | Individual Deb             | tor's Schedules                            | 1             |
| f two married          | people are filing togethe  | er, both are equally respo | onsible for supplying correct information. |               |

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below   |   |  |  |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|--|--|
|     | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? |   |  |  |  |  |  |  |  |
|     | <b>▼</b> No   |   |  |  |  |  |  |  |  |
|     | Yes. Name of person   | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |
|     |   |   |  |  |  |  |  |  |  |
|     | Under penalty of perjury, I declare that I have read the summary                                  | and schedules filed with this declaration and   |  |  |  |  |  |  |  |
|     | that they are true and correct.   |   |  |  |  |  |  |  |  |
| X   | /s/ Dakota Barnes   | ×   |  |  |  |  |  |  |  |
|     | Signature of Debtor 1   | Signature of Debtor 2   |  |  |  |  |  |  |  |
|     | Date <b>8/22/2018</b>   | Date  |  |  |  |  |  |  |  |
|     | MM/DD/YYYY  | MM/DD/YYYY  |  |  |  |  |  |  |  |

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| Fill in          | this info     | rmation to identify your c  | ase:                                 |                                       |                     |               |                   |                                   |
|------------------|---------------|---|--------------------------------------|---------------------------------------|---------------------|---------------|-------------------|-----------------------------------|
| Debto            | r 1           | Dakota  | L                                    | Barnes                                |                     |               |                   |                                   |
| Debto            | ur O          | First Name  | Middle I                             | Name Last Na                          | me                  |               |                   |                                   |
|                  | e, if filing) | First Name  | Middle I                             | Name Last Na                          | me                  |               |                   |                                   |
| United           | d States I    | Bankruptcy Court for the:   | Northern                             | District of Illin                     |                     |               |                   |                                   |
| Case<br>(If know | number<br>′n) |   |                                      | (St                                   | ate)                |               |                   |                                   |
| Off              | icial         | Form 107  |                                      |                                       |                     |               |                   | Check if this is a amended filing |
|                  |               | nt of Financia  | l Affairs f                          | or Individuals                        | Filing for          | Bankru        | intcv             | 04/1                              |
| Be as<br>inform  | comple        | ete and accurate as pos<br>If more space is neede<br>own). Answer every qu              | ssible. If two m<br>d, attach a sepa | arried people are filing              | together, both      | are equally i | responsible for s | upplying correct                  |
| Part             | 1: Give       | e Details About Your  | Marital Status                       | and Where You Live                    | d Before            |               |                   |                                   |
| 1.               | What is       | your current marital sta  | itus?                                |                                       |                     |               |                   |                                   |
|                  |               | rried<br>t married  |                                      |                                       |                     |               |                   |                                   |
| 2.               | During        | the last 3 years, have yo   | u lived anywhere                     | e other than where you                | live now?           |               |                   |                                   |
|                  |               | s. List all of the places yo  | u lived in the las                   | Dates Debtor 1 lived                  | where you live no   | OW.           |                   | Dates Debtor 2 lived              |
|                  |               |   |                                      | there                                 |                     |               |                   | there                             |
|                  |               |   |                                      |                                       | Same as             | Debtor 1      |                   | Same as Debtor 1                  |
|                  |               | 29 S Ellis<br>mber Street   |                                      | From <u>06/2016</u> To <u>02/2017</u> | Number Stree        | t             |                   | From<br>To                        |
|                  | Ch<br>City    | icago Illinois<br>/ State   | 60617<br>Zip Code                    |                                       | City                | State         | Zip Code          |                                   |
|                  |               |   |                                      |                                       | Same as             | Debtor 1      |                   | Same as Debtor 1                  |
|                  | Nu            | mber Street   |                                      | From                                  | Number Stree        | t             |                   | From<br>To                        |
|                  | City          | y State   | Zip Code                             |                                       | City                | State         | Zip Code          |                                   |
|                  | nd territo    | e last 8 years, did you e<br>pries include Arizona, Califo<br>Make sure you fill out So | mia, Idaho, Louis                    | siana, Nevada, New Mexic              | o, Puerto Rico, Tex |               |                   | mmunity property states           |

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| Deb  | tor 1   | Dakota L<br>First Name Middle  | Barnes e Name Last Nar  |  | umber (if known)                                       |  |
|------|---|--|---|--|--|--|
| Part | 2:  | Explain the Sources of Your Inc  | come  |  |  |  |
| 4.   | <b>Did</b><br>Fill i  | you have any income from employm n the total amount of income you receiv rities. If you are filing a joint case and yo No Yes. Fill in the details.  |   | ers?   |  |  |
|      |   |  | Debtor 1  |  | Debtor 2   |  |
|      |   |  | Sources of income Check all that apply.  Gross income (before deductions exclusions)      |  | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |
|      |   | om January 1 of current year until<br>e date you filed for bankruptcy:   | Wages, commissions, bonuses, tips Operating a business                                    | \$16500.00   | Wages, commissions, bonuses, tips Operating a business |  |
|      | For last calendar year: (January 1 to December 31, 2017 )  YYYY  For the calendar year before that: (January 1 to December 31, 2016 )  YYYY |  | Wages, commissions, bonuses, tips Operating a business                                    | \$23000.00   | Wages, commissions, bonuses, tips Operating a business |  |
|      |   |  | Wages, commissions, bonuses, tips Operating a business                                    | \$32500.00   | Wages, commissions, bonuses, tips Operating a business |  |
|      | Inclu<br>publ<br>filing<br>List   | you receive any other income during the income regardless of whether that in ic benefit payments; pensions; rental income that a joint case and you have income that each source and the gross income from No  Yes. Fill in the details. | ncome is taxable. Examples of come; interest; dividends; m you received together, list it | of other income are alimony; oney collected from lawsuits; only once under Debtor 1. | royalties; and gambling and lot                        |  |
|      |   |  | Debtor 1  |  | Debtor 2   |  |
|      |   |  | Sources of income<br>Describe below.  | Gross income from each source (before deductions and exclusions)                     | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
|      |   | rom January 1 of current year until<br>ne date you filed for bankruptcy:   |   |  |  |  |
|      |   | or last calendar year:<br>lanuary 1 to December 31, 2017 )<br>YYYY   | unemployment  | \$4,800.00   |  |  |
|      |   | or the calendar year before that:    January 1 to December 31,   2016   YYYY   |   |  |  |  |
|      |   |  |   |  |  |  |

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Barnes Debtor 1 Dakota Case number (if known) Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  ✓ No  ✓ Yes. List all payments to an insider.  ✓ Dates of payment paid Amount you still owe  ✓ Insider's Name  Number Street  ✓ City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider?  Include payments on debts guaranteed or cosigned by an insider.  |           |
|---|-----------|
| Insider's Name Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider?  No  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider?  No   |           |
| Dates of payment Poid Still owe Reason for this payment  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a insider?  Include payments on debts guaranteed or cosigned by an insider.  |           |
| Dayment   Daid   Still owe   Dayment   Daid   Still owe   Dayment   Dayme |           |
| Number Street  City State Zip Code  Insider's Name  Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a nsider?  nclude payments on debts guaranteed or cosigned by an insider.  ✓ No   |           |
| City State Zip Code  Insider's Name  Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited ansider?  Include payments on debts guaranteed or cosigned by an insider.  |           |
| Insider's Name  Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited ansider?  Include payments on debts guaranteed or cosigned by an insider.   |           |
| Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a nsider?  Include payments on debts guaranteed or cosigned by an insider.  |           |
| City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a nsider?  nclude payments on debts guaranteed or cosigned by an insider.  |           |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited a nsider? nclude payments on debts guaranteed or cosigned by an insider.  No  |           |
| insider? Include payments on debts guaranteed or cosigned by an insider.  No  |           |
| Dates of Total amount Amount you Reason for this payment payment paid still owe   | efited an |
| Include creditor's name   |           |
| Insider's Name  |           |
| Number Street   |           |
| City State Zip Code   |           |
| Insider's Name  |           |
| Number Street   |           |
| City State Zip Code   |           |

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|        | Dakota<br>First Name  | L<br>Middle Name  | Barnes<br>Last Name  | Case  | number <i>(if kno</i> | wn)                |                                       |
|--------|---|---|--|---|-----------------------|--------------------|---------------------------------------|
| art 4: | Identify Legal Action   | ns, Repossessions, a  | and Foreclosures   |   |                       |                    |                                       |
| List a | nin 1 year before you file<br>all such matters, including<br>tract disputes.  |   |  |   |                       |                    | ling?<br>r custody modifications, and |
| · ·    | No<br>Yes. Fill in the details.   |   |  |   |                       |                    |                                       |
| Ш      | res. I ili ili ule details.   | Nat   | ture of the case   | Court or agen   | су                    |                    | Status of the case                    |
|        | Case title  |   |  |   |                       |                    | Pending                               |
|        | Case number   |   |  | Court Name  |                       |                    | On appeal                             |
|        |   |   |  | NumberStreet  |                       |                    | Concluded                             |
|        | Case title  |   |  | City  | State 2               | Zip Code           | Don din a                             |
|        |   |   |  | Court Name  |                       |                    | Pending On appeal                     |
|        | Case number   |   |  | NumberStreet  |                       |                    | Concluded                             |
|        |   |   |  | City  | State 2               | Zip Code           |                                       |
| ✓      |   | JULI DEIUW.   |  |   |                       |                    |                                       |
|        | HERTG ACCPT   | tion below.   | Describe the prop  |   |                       | <b>Date</b> 3/2018 | Value of the property<br>\$10200      |
|        | Creditor's Name   |   | 2008 Dodge Aveno   | ger   |                       | _                  | property                              |
|        |   | uon pelow.  |  | ger   |                       | _                  | property                              |
|        | Creditor's Name<br>1420 S MICHIGAN  | uon below.  | 2008 Dodge Aveng  Explain what happ  | ger  pened  epossessed.   |                       | _                  | property                              |
|        | Creditor's Name 1420 S MICHIGAN Number Street   |   | Explain what happ  Property was re Property was fe   | ger  pened  epossessed.  preclosed.   |                       | _                  | property                              |
|        | Creditor's Name 1420 S MICHIGAN Number Street   | iana 46556  | Explain what happ  Property was reproperty was from Property was generally and property was generally  | ger  pened  epossessed.  preclosed.   | ovied.                | _                  | property                              |
|        | Creditor's Name  1420 S MICHIGAN  Number Street  SOUTH BEND Indi  | iana 46556  | Explain what happ  Property was reproperty was from Property was generally and property was generally  | pened epossessed. preclosed. larnished. ttached, seized, or le  | ovied.                | _                  | \$10200  Value of the                 |
|        | Creditor's Name  1420 S MICHIGAN  Number Street  SOUTH BEND Indi City Stat  | iana 46556  | Explain what happ  Property was re Property was fe Property was g  | pened epossessed. preclosed. larnished. ttached, seized, or le  | evied.                | 3/2018             | \$10200                               |
|        | Creditor's Name  1420 S MICHIGAN  Number Street  SOUTH BEND Indi City Stat  City of Chicago - Parkin  | iana 46556<br>re Zip Code   | Explain what happ  Property was re Property was fe Property was g Property was a Describe the prop   | ger  pened  epossessed. preclosed. parnished. ttached, seized, or le                                    | evied.                | 3/2018<br>Date     | yalue of the property                 |
|        | Creditor's Name  1420 S MICHIGAN  Number Street  SOUTH BEND Indi City Stat  City of Chicago - Parkin Creditor's Name  Department of Revenue | iana 46556<br>re Zip Code   | Explain what happ  Property was reproperty was good Property was a Describe the property was reproperty  | ger  pened  epossessed.  preclosed.  jarnished.  ttached, seized, or le  perty  ger  pened  epossessed. | evied.                | 3/2018<br>Date     | yalue of the property                 |
|        | Creditor's Name  1420 S MICHIGAN  Number Street  SOUTH BEND Indi City Stat  City of Chicago - Parkin Creditor's Name  Department of Revenue | iana 46556<br>re Zip Code<br>rig and red Light Tickets<br>re - PO Box 88292 | Explain what happed Property was reconstructed Property was for Property was a Pr | per pened pepossessed. preclosed. parnished. pretty per pened pepossessed. preclosed.                   | evied.                | 3/2018<br>Date     | yalue of the property                 |

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| Debt | tor 1    | Dakota  | L                     | Barnes                       | Case number (if known)        | )                        |                     |
|------|----------|---|-----------------------|------------------------------|-------------------------------|--------------------------|---------------------|
|      |          | First Name  | Middle Name           | Last Name                    |                               |                          |                     |
| 11.  |          | thin 90 days before you filed<br>counts or refuse to make a p |                       |                              | ank or financial institution, | set off any amou         | nts from your       |
|      | <b>✓</b> | No Yes. Fill in the details.                                  |                       |                              |                               |                          |                     |
|      | ш        | res. I iii ii i ii e detaiis.                                 |                       |                              |                               |                          |                     |
|      |          |   |                       | Describe the action the      | creditor took                 | Date action was taken    | Amount              |
|      |          | Creditor's Name   |                       |                              |                               |                          | ·                   |
|      |          | Number Street   |                       |                              |                               |                          |                     |
|      |          |   |                       | Last 4 digits of account n   | umber: XXXX-                  |                          |                     |
|      |          | City State  | Zip Code              |                              |                               |                          |                     |
| 12.  |          | hin 1 year before you filed fo                                |                       |                              | oossession of an assignee fo  | or the benefit of c      | creditors, a court- |
|      |          | No  | ii, or unother emeral | •                            |                               |                          |                     |
|      |          | Yes   |                       |                              |                               |                          |                     |
| Part | 5:       | List Certain Gifts and Co                                     | ontributions          |                              |                               |                          |                     |
| 13.  | Wi       | ithin 2 years before you filed                                | l for bankruptcy, did | you give any gifts with a to | tal value of more than \$600  | ) per person?            |                     |
|      | <b>∠</b> | No<br>Yes. Fill in the details for e                          | ach gift.             |                              |                               |                          |                     |
|      |          | Gifts with a total value of a per person                      | more than \$600       | Describe the gifts           |                               | Dates you gave the gifts | Value               |
|      |          |   |                       |                              |                               |                          |                     |
|      |          | Person to Whom You Gave t                                     | the Gift              |                              |                               |                          |                     |
|      |          | Number Street   |                       |                              |                               |                          |                     |
|      |          | City State  | Zip Code              |                              |                               |                          |                     |
|      |          | Person's relationship to you                                  |                       |                              |                               |                          |                     |
|      |          | Person to Whom You Gave t                                     | th a Cift             |                              |                               |                          |                     |
|      |          |   | e ani                 |                              |                               |                          |                     |
|      |          | Number Street   |                       |                              |                               |                          |                     |
|      |          | City State  | Zip Code              |                              |                               |                          |                     |
|      |          | Person's relationship to you                                  |                       |                              |                               |                          |                     |

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| 14. Within 2 years before you filed for benkruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?    No.   Yes. Fil in the details for each gift or contribution.  | Debtor | 1 Dakota L                              |                 | Barnes                      | Case number (if know             | vn)                   |                    |
|--|--------|---|-----------------|-----------------------------|----------------------------------|-----------------------|--------------------|
| Vision   Ves Fill in the details for each gift or contribution.   Gifts or contributions to charities that total more than \$600   |        | First Name Mido                         | lle Name        | Last Name                   |                                  |                       |                    |
| Ves. Fill in the details for each gift or contribution.   Gifts or contributions to charities that total more than \$600   Describe what you contributed   Date you contributed  | 14 V   | Nithin 2 years before you filed for han | kruntev did v   | ou give any gifts or contri | hutions with a total value       | of more than \$600    | to any charity?    |
| Yes. Fill in the details for each gift or contribution.   Gifts or contributions to charities   Describe what you contributed   Date you contributed   | 14. V  |   | Kruptcy, did y  | ou give any gints of contri | butions with a total value       | of more than \$000    | to any charity:    |
| Gifts or contributions to charities that total more than \$500    Charity's Name   | Ŀ      | <u>·</u>                                |                 |                             |                                  |                       |                    |
| Charity a Name    Number   Steet   Steet   Zip Code  |        | Yes. Fill in the details for each gift  | or contributior | ٦.                          |                                  |                       |                    |
| Charify's Name    Number Street   State   Zip Code   |        | Gifts or contributions to charities     | •               | Describe what you con       | tributed                         | Date you              | Value              |
| Number Street  City State Zip Code    City State Zip Code  |        | that total more than \$600              |                 |                             |                                  | contributed           |                    |
| Number Street  City State Zip Code    City State Zip Code  |        |   |                 |                             |                                  |                       |                    |
| City   State   Zip Code  |        | Charity's Name                          |                 |                             |                                  |                       |                    |
| City   State   Zip Code  |        |   |                 |                             |                                  |                       |                    |
| City   State   Zip Code  |        |   |                 |                             |                                  |                       |                    |
| Second Content   Seco |        | Number Street                           |                 |                             |                                  |                       |                    |
| Second Content   Seco |        |   |                 |                             |                                  |                       |                    |
| 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theff, fire, other disaster, or gambling?    No  |        | City State Z                            | ip Code         |                             |                                  |                       |                    |
| 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theff, fire, other disaster, or gambling?    No  | D      | List Cartain Lasses                     |                 |                             |                                  |                       |                    |
| yes, Fill in the details.  Describe the property you lost and how the loss occurred  Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance defains on line 33 of Schedule  Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any stomeys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No  Yes, Fill in the details.  Description and value of any property to anyone you consulted or transfer was made  Semrad Law Firm  Person Who Was Paid  20 S. Clark Street  Number Street  28th Floor  Chicago Illinois 60603  City State Zip Code  Email or website address  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   | Part 6 | List Certain Losses                     |                 |                             |                                  |                       |                    |
| No   |        |   | ruptcy or sinc  | e you filed for bankruptcy  | , did you lose anything bed      | cause of theft, fire, | other disaster, or |
| Describe the property you lost and how the loss occurred    Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule   AB: Property.  | _      |   |                 |                             |                                  |                       |                    |
| Describe the property you lost and how the loss occurred    Describe any insurance coverage for the loss Include the amount that insurance has paid. List Property.  | Ŀ      | <u>·</u>                                |                 |                             |                                  |                       |                    |
| Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule  AB: Property.    List Certain Payments or Transfers  |        | Yes. Fill in the details.               |                 |                             |                                  |                       |                    |
| pending insurance claims on line 33 of Schedule AB: Property.    List Certain Payments or Transfers  |        | Describe the property you lost an       | d               | Describe any insuranc       | e coverage for the loss          | Date of your          | Value of property  |
| AB: Property.    AB: Property.   |        | how the loss occurred                   |                 |                             |                                  | loss                  | lost               |
| Part 7: List Certain Payments or Transfers  16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  Description and value of any property transferred  Attorney's Fee - 150.00  Attorney's Fee - 150.00  8/21/2018  5150.00  Attorney's Fee - 150.00  Email or website address  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  Email or website address   |        |   |                 |                             | s on line 33 of <i>Schedule</i>  |                       |                    |
| 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  Description and value of any property transferred vas made  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Mas Paid Number Street  City State Zip Code Email or website address   |        |   |                 | AVB. Floperty.              |                                  |                       |                    |
| 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  Description and value of any property transferred vas made  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Mas Paid Number Street  City State Zip Code Email or website address   |        |   |                 |                             |                                  |                       |                    |
| 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  No Yes. Fill in the details.  Description and value of any property transferred vas made  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Mas Paid Number Street  City State Zip Code Email or website address   | Part 7 | List Certain Payments or Tran           | efere           |                             |                                  |                       |                    |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address  Person Who Was Paid Number Street  City State Zip Code  Email or website address  |        | No                                      | . p. opa. o. o, |                             | o. co. 11000 1044.104 11. year o | aaptoj.               |                    |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code Email or website address  | Ŀ      | Yes. Fill in the details.               |                 |                             |                                  |                       |                    |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid Number Street  City State Zip Code  Email or website address   |        |   |                 | Description and value of    | of any property                  | Date payment          | Amount of          |
| Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address Person Who Made the Payment, if Not You  Person Who Was Paid Number Street  City State Zip Code Email or website address   |        |   |                 | transferred                 |                                  |                       | payment            |
| Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois 60603 City State Zip Code Email or website address Person Who Made the Payment, if Not You  Person Who Was Paid Number Street  City State Zip Code Email or website address   |        |   |                 |                             |                                  |                       |                    |
| 20 S. Clark Street Number Street  28th Floor  Chicago Illinois 60603 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |        |   |                 | Attorney's Fee - 150.00     |                                  | 8/21/2018             | \$150.00           |
| Number Street  28th Floor Chicago Illinois 60603 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |        |   |                 |                             |                                  |                       |                    |
| Chicago Illinois 60603 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |        |   | -               |                             |                                  |                       |                    |
| Chicago Illinois 60603 City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |        | 28th Floor                              |                 |                             |                                  |                       |                    |
| City State Zip Code  Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |        |   |                 |                             |                                  |                       |                    |
| Email or website address  Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |        |   |                 |                             |                                  |                       |                    |
| Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |        | City State 2                            | ip Code         |                             |                                  |                       |                    |
| Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code  Email or website address   |        | Email or website address                |                 |                             |                                  |                       |                    |
| Person Who Was Paid  Number Street  City State Zip Code  Email or website address  |        |   |                 |                             |                                  |                       |                    |
| Number Street  City State Zip Code  Email or website address   |        | Person Who Made the Payment, if N       | lot You         |                             |                                  |                       |                    |
| Number Street  City State Zip Code  Email or website address   |        |   |                 |                             |                                  |                       |                    |
| City State Zip Code  Email or website address  |        | Person Who Was Paid                     |                 |                             |                                  |                       |                    |
| City State Zip Code  Email or website address  |        |   |                 |                             |                                  |                       |                    |
| Email or website address   |        | Number Street                           |                 |                             |                                  |                       |                    |
| Email or website address   |        |   |                 |                             |                                  |                       |                    |
| Email or website address   |        |   |                 |                             |                                  |                       |                    |
|  |        | City State Z                            | ip Code         |                             |                                  |                       |                    |
|  |        | Empil ov website address                |                 |                             |                                  |                       |                    |
| Person Who Made the Payment, if Not You  |        | Email or wedsite address                |                 |                             |                                  |                       |                    |
|  |        | Person Who Made the Payment, if N       | lot You         |                             |                                  |                       |                    |

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| Debtor   | r 1 Dakota L   | Barnes Cas  | se number <i>(if known)</i>  |                                |
|----------|--|---|--|--------------------------------|
|          | First Name Middle Name   | Last Name   |  |                                |
| h        | Vithin 1 year before you filed for bankruptcy, did telp you deal with your creditors or to make payon on the include any payment or transfer that you listed.  No  | ments to your creditors?                              | If pay or transfer any property to any                               | vone who promised to           |
| Ī        | Yes. Fill in the details.  |   |  |                                |
|          | _  | Description and value of any propertransferred        | pate payment or transfer was made                                    | Amount of payment              |
|          | Person Who Was Paid  | _   | -  |                                |
|          | Number Street  | _   |  |                                |
|          | City State Zip Code  | _   |  |                                |
| ti<br>Ir | Vithin 2 years before you filed for bankruptcy, die he ordinary course of your business or financial include both outright transfers and transfers made as and transfers that you have already listed on this state.  No Yes. Fill in the details. | affairs? security (such as the granting of a security |  |                                |
|          |  | Description and value of property transferred         | Describe any property or payments received or debts paid in exchange | Date<br>d transfer was<br>made |
|          | Person Who Received Transfer   | _   |  |                                |
|          | Number Street  | _   |  |                                |
|          | City State Zip Code<br>Person's relationship to you  | _   |  |                                |
|          | Person Who Received Transfer   | _   |  |                                |
|          | Number Street  | _   |  |                                |
|          | City State Zip Code<br>Person's relationship to you  | _   |  |                                |
| b        | Vithin 10 years before you filed for bankruptcy, oneneficiary? These are often called asset-protection devices.)   | lid you transfer any property to a self-se            | ttled trust or similar device of which                               | you are a                      |
| [        | ✓ No  ☐ Yes. Fill in the details.  |   |  |                                |
| L        |  | Description and value of the prop                     | erty transferred   | Date<br>transfer was<br>made   |
|          | Name of trust  |   |  |                                |

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Barnes Debtor 1 Dakota Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code

City

State

Zip Code

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Barnes Debtor 1 Dakota Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** 

City

State

Zip Code

State

Zip Code

City

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| Deb  | tor 1    | Dakota                      | <u>l</u>        | - Malalla Niana   | Barnes                     | Case                | e number <i>(if</i> | known)  |                 |
|------|----------|-----------------------------|-----------------|-------------------|----------------------------|---------------------|---------------------|---|-----------------|
|      |          | First Name                  |                 | Middle Name       | Last Name                  |                     |                     |   |                 |
| 26.  | Hav      | e you been a party          | y in any judici | al or administr   | rative proceeding unde     | er any environmen   | tal law? In         | clude settlements and or                        | ders.           |
|      | <b>V</b> | No<br>Yes. Fill in the det  | ails            |                   |                            |                     |                     |   |                 |
|      | Ш        | 100.1       11    10    000 | ano.            |                   | Court or agency            |                     | Nature o            | of the case                                     | Status of the   |
|      |          | Case title                  |                 |                   |                            |                     |                     |   | case            |
|      |          |                             |                 |                   | Court Name                 |                     |                     |   | Pending         |
|      |          | Case number                 |                 | <u></u> .         | NumberStreet               |                     |                     |   | On appeal       |
|      |          |                             |                 |                   | City State                 | Zip Code            |                     |   | Concluded       |
| Part | 11:      | Give Details Ab             | out Your B      | usiness or Co     | onnections to Any B        | usiness             |                     |   |                 |
| 27.  | Witl     | nin 4 years before          | you filed for b | oankruptcy, dic   | d you own a business o     | r have any of the f | ollowing c          | onnections to any busine                        | ss?             |
|      |          |                             |                 | -                 | ade, profession, or oth    | -                   | ıll-time or p       | part-time                                       |                 |
|      |          | A member of A partner in a  |                 | ility company (L  | LC) or limited liability p | partnership (LLP)   |                     |   |                 |
|      |          |                             |                 | naging executiv   | e of a corporation         |                     |                     |   |                 |
|      |          | An owner of a               | at least 5% of  | the voting or e   | equity securities of a co  | orporation          |                     |   |                 |
|      | <b>V</b> | No. None of the a           |                 |                   | details below for each     | huoinaga            |                     |   |                 |
|      | Ш        | res. Check all the          | агарріу ароу    | e and illi in the |                            | ture of the busines | ss                  | Employer Identification                         | number Do not   |
|      |          |                             |                 |                   |                            |                     |                     | include Social Security                         | number or ITIN. |
|      |          | Business Name               |                 |                   | _                          |                     |                     | EIN:  |                 |
|      |          | Number Street               |                 |                   | Name of accour             | ntant or bookkeepe  | er                  | Dates business existed                          |                 |
|      |          | City                        | State           | Zip Code          |                            |                     |                     | From To   |                 |
|      |          |                             |                 |                   |                            |                     |                     |   |                 |
|      |          |                             |                 |                   | Describe the na            | ture of the busines | ss                  | Employer Identification                         | number Do not   |
|      |          |                             |                 |                   |                            |                     |                     | include Social Security                         | number or ITIN. |
|      |          | Business Name               |                 |                   |                            |                     |                     | EIN:  |                 |
|      |          | Number Street               |                 |                   | Name of accour             | ntant or bookkeep   | ar                  | Dates business existed                          |                 |
|      |          | City                        | State           | Zip Code          |                            | italit of bookkeept | 51                  | From To   |                 |
|      |          |                             |                 |                   |                            |                     |                     |   |                 |
|      |          |                             |                 |                   | December Alberta           |                     |                     | Caralana Idantification                         | number De not   |
|      |          |                             |                 |                   | Describe the na            | ture of the busines | SS                  | Employer Identification include Social Security |                 |
|      |          | Business Name               |                 |                   | _                          |                     |                     | EIN:  |                 |
|      |          | Number Street               |                 |                   | _                          |                     |                     | Dates business existed                          |                 |
|      |          | City                        | State           | Zip Code          | Name of accour             | ntant or bookkeepe  | er                  | From To   |                 |
|      |          |                             |                 |                   |                            |                     |                     |   |                 |
|      |          |                             |                 |                   |                            |                     |                     |   |                 |

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| Debtor 1 | 1 Dakota                        | L                                       | Barnes                      | Case number (if known)   |
|----------|---------------------------------|---|-----------------------------|--|
|          | First Name                      | Middle Name                             | Last Name                   |  |
|          | ithin 2 years<br>editors, or ot |   | give a financial stateme    | nt to anyone about your business? Include all financial institutions,  |
| <b>✓</b> | No<br>Yes. Fill in              | the details below.                      |                             |  |
|          |                                 |   | Date issued                 |  |
|          | Name                            |   | MM/DD/YYYY                  |  |
|          | Number                          | Street                                  |                             |  |
|          | City                            | State Zip Code                          |                             |  |
| Part 12  | Sign Belo                       | nw.                                     |                             |  |
|          |                                 |   |                             | rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          |                                 | Signature of Debtor 1                   |                             | Signature of Debtor 2  |
|          |                                 | Date 8/22/2018                          |                             | Date   |
| Did      | you attach a                    | dditional pages to Your Statement of Fi | nancial Affairs for Indivi  | duals Filing for Bankruptcy (Official Form 107)?   |
|          | No                              |   |                             |  |
|          | Yes                             |   |                             |  |
| Did      | you pay or a                    | gree to pay someone who is not an atto  | rney to help you fill out b | pankruptcy forms?  |
| <b>/</b> | No                              |   |                             |  |
|          | Yes. Name of                    | person                                  |                             | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)                          |

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|     |  | Nortnern D          | istrict of Illinois       |                    |                              |
|-----|--|---------------------|---------------------------|--------------------|------------------------------|
| re_ | Dakota L Barnes  |                     |                           | Case No.           |                              |
| _   | Debtor   |                     |                           | <b>=.</b> .        | (If known)                   |
|     |  |                     |                           | Chapter            | Chapter 13                   |
|     | DISCLOSURE OF COM  | /IPENSAT            | TION OF ATT               | ORNEY F            | OR DEBTOR                    |
| 1   | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bar compensation paid to me within one year be rendered or to be rendered on behalf of the compensation. | efore the filing of | f the petition in bankrup | otcy, or agreed to | be paid to me, for services  |
|     | For legal services, I have agreed to accept  |                     |                           |                    | \$4,000.00                   |
|     | Prior to the filing of this statement I have rec   | ceived              |                           |                    | \$150.00                     |
|     | Balance Due  |                     |                           |                    | \$3,850.00                   |
| 2   | 2. The source of the compensation paid to me   | was:                |                           |                    |                              |
|     | <b>✓</b> Debtor  | Other (spe          | ecify)                    |                    |                              |
| 3   | 3. The source of the compensation paid to me   | is:                 |                           |                    |                              |
|     | <b>✓</b> Debtor  | Other (spe          | ecify)                    |                    |                              |
| 4   | I have not agreed to share the above-dismembers and associates of my law firm.   |                     | sation with any other pe  | erson unless the   | ey are                       |
|     | I have agreed to share the above-disclosmembers or associates of my law firm. A the people sharing in the compensation                             | A copy of the ag    |                           |                    |                              |
| 5   | <ul> <li>i. In return for the above-disclosed fee, I have a</li> <li>a. Analysis of the debtor's financial situe</li> <li>bankruptcy;</li> </ul>   | _                   | -                         |                    | • •                          |
|     | b. Preparation and filing of any petition  | ı, schedules, sta   | tements of affairs and p  | olan which may b   | pe required;                 |
|     | c. Representation of the debtor at the n   | neeting of credit   | tors and confirmation h   | earing, and any a  | adjourned hearings thereof;  |
|     | d. Representation of the debtor in adve  | rsary proceeding    | gs and other contested    | bankruptcy mat     | ters;                        |
| 6   | s. By agreement with the debtor(s), the above-o  | disclosed fee do    | oes not include the follo | wing services:     |                              |
|     |  |                     |                           |                    |                              |
|     |  | CERT                | TIFICATION                |                    |                              |
|     | I certify that the foregoing is a complete stater tor(s) in this bankruptcy proceedings.   | ment of any agre    | eement or arrangement     | for payment to n   | ne for representation of the |
|     | 8/22/2018  |                     | /s/ Mik                   | e Miller           |                              |
| _   | Date   |                     | Signature                 | of Attorney        |                              |
|     |  |                     | Semrad                    | Law Firm           |                              |
|     |  |                     | Name o                    | f law firm         |                              |

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

|       |  | Northern Dist                     | trict of Illinois                  |                        |               |
|-------|--|-----------------------------------|------------------------------------|------------------------|---------------|
| In re | Dakota L Barnes  | 75                                | Case No.                           |                        |               |
|       | Debtor   | <del></del>                       | ·                                  | (If know               |               |
|       |  |                                   | Chapter                            | Chapter                | r 13          |
|       | DISCLOSURE OF C  | OMPENSATION                       | ON OF ATTORNE                      | Y FOR DEBT             | ror           |
| 1.    | <ul> <li>Pursuant to 11 U.S.C. § 329(a) and Fe<br/>compensation paid to me within one ye<br/>rendered or to be rendered on behalf o</li> </ul> | ear before the filing of th       | e petition in bankruptcy, or agre  | eed to be paid to me,  | for services  |
|       | For legal services, I have agreed to acco  | ept                               |                                    | _                      | \$4,000.00    |
|       | Prior to the filing of this statement I ha   | ive received                      | ă                                  | ×                      | \$150.00      |
|       | Balance Due  |                                   |                                    | £ 5                    | \$3,850.00    |
| 2.    | . The source of the compensation paid t  | o me was:                         |                                    |                        |               |
|       | Debtor   | Other (specif                     | fy)                                |                        |               |
| 3.    | . The source of the compensation paid t  | o me is:                          |                                    |                        |               |
|       | <b>✓</b> Debtor  | Other (specif                     | fy)                                |                        |               |
| 4.    | I have not agreed to share the abormembers and associates of my lav  | ve-disclosed compensat<br>v firm, | tion with any other person unles   | s they are             |               |
|       | I have agreed to share the above-or<br>members or associates of my law to<br>the people sharing in the compens                                 | firm. A copy of the agree         |                                    |                        |               |
| 5.    | . In return for the above-disclosed fee, I   | have agreed to render le          | gal service for all aspects of the | bankruptcy case, inc   | duding:       |
|       | <ul> <li>a. Analysis of the debtor's financi<br/>bankruptcy;</li> </ul>  | al situation, and rendering       | ng advice to the debtor in detern  | mining whether to file | a petition in |
|       | b. Preparation and filing of any pe  | etition, schedules, staten        | nents of affairs and plan which r  | may be required;       |               |
|       | c. Representation of the debtor at   | t the meeting of creditors        | s and confirmation hearing, and    | any adjourned hearing  | ngs thereof;  |
|       | d. Representation of the debtor in   | adversary proceedings             | and other contested bankruptcy     | / matters;             |               |
| 6.    | . By agreement with the debtor(s), the at  | oove-disclosed fee does           | not include the following servic   | ces:                   |               |
|       |  |                                   |                                    |                        |               |
|       |  | CERTIF                            | ICATION                            |                        |               |
|       | l certify that the foregoing is a complete tor(s) in this bankruptcy proceedings.  | statement of any agreen           | nent or arrangement for paymen     | t to me for represent  | ation of the  |
| 115   | 8/21/2018  |                                   | /s/ Mike Miller                    |                        |               |
|       | Date   |                                   | Signature of Attorney              |                        |               |
|       |  |                                   | Semrad Law Firm                    |                        |               |
|       | <i>≅</i>   |                                   | Name of law firm                   |                        |               |



#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments
  cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.



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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.



#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$150.00 toward the flat fee, leaving a balance due of \$3,850.00; and \$43.23 for expenses, leaving a balance due of \$4,203.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Debtor(  | s)                    | Attorney for Debtor(s) |  |
|----------|-----------------------|------------------------|--|
|          |                       | /s/ Mike Miller        |  |
| /s/ Dako | ota Barnes ( ) WW III |                        |  |
| Signed:  |                       |                        |  |
| Date:    | 8/21/2018             |                        |  |

Do not sign if the fee amounts at top of this page are blank.

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#### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

Re: Agreement Regarding Priority Treatment of The Semrad Law Firm LLC's Fees and Expenses

Dear Dakota Barnes,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 bankruptcy case. In addition to the terms contained in the Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when the Firm's fees and expenses will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

Aside from any initial retainer that you pay the Firm, you will be required to pay the Firm's fees and expenses through the Chapter 13 plan after it is approved by the Bankruptcy Court. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan to the Firm and other creditors.

The model Chapter 13 plan gives fourth priority to attorneys' fees, after the Trustee's fees, current mortgage payments, and payments to secured creditors listed in Section 3.1, 3.2, or 3.3 (for example, payments due to lenders on a loan to purchase a car, furniture, appliance or other item of personal property). The Firm intends to alter this priority scheme by modifying the model Chapter 13 plan to provide for payment of the Firm's attorney's fees and costs before any payments are made to your other creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to pay the claims of your other creditors until the Firm's fees and expenses are paid in full. Such claims of other creditors include your car note, other financed personal property, parking tickets, taxes, and any claims of other creditors that may be included in your plan.

Aside from the Firm's commitment to perform any and all work reasonably necessary to represent you in this bankruptcy case without requiring you to pay a substantial amount of the fees and expenses up front, there is no benefit to you from this priority treatment of the Firm's fees and expenses. Furthermore, this arrangement presents certain risks. In the event that your case is dismissed before completion of the plan or if you decide to convert your case to a case under Chapter 7, it is likely that the Firm's attorneys' fees will have been paid while little of your other debts are paid.

In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the Firm may lower that amount that the Firm will receive each month and increase the

DB

Dakota Barnes

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#### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

A Chapter 13 plan will be filed on your behalf to repay your creditors. Your Chapter 13 plan payment will be \$175.00 at the time of filing. This monthly Chapter 13 plan payment can be subject to change during your case. Included within this monthly plan payment is the Firm's compensation for representing you during the Chapter 13. You will be paying the Firm an attorney fee of \$4,000.00, with an initial down payment of \$150.00.

Within the Chapter 13 plan payment, you will be paying back your creditors and the Firm's attorney fees:

- 1. The trustee will be paid an estimated 6% of the plan payment.
- 2. The Firm's fees will be paid at approximately \$160.00/mo.
- 3. General Unsecured Creditors will be paid 10% pro-rata after all other creditors.

If you do not wish to pay the Firm's attorneys' fees and expenses ahead of your creditors as set forth above, you have the following options:

- A. You can elect to pay the Firm an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note (and/or other claims secured by personal property) and mortgage arrears in equal set monthly payments along with the Firm's fees and expenses; or
- B. You can seek representation by another firm under a different payment arrangement.



Dakota Barnes

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#### THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28<sup>th</sup> Floor Chicago, IL 60603 (312) 913-0625

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

Accepted:

Dakota Barnes

Date: 8/21/2018

### **CHAPTER 13 DISCLAIMERS**

| 1. | I understand that if I owe attorney's fees, those fees will be paid through the Chapter 13 plan and to the extent allowed by the Bankruptcy Court, The Semrad Law Firm will likely be paid before any of my creditors are paid.  |
|----|--|
| 2. | I understand that The Semrad Law Firm has pulled a credit report, but that said credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad Law Firm to list in my bankruptcy, and that failure to list a debt could be grounds for said debt(s) being not discharged in my case.  |
| 3. | I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm all my debts, sources of income, assets, personal property, real estate, transfers of real estate over the past 4 years, and expenses.  |
| 4. | I agree that I will attend my creditors meeting at the time, date and location that will be given to me by The Semrad Law Firm, and also mailed to me by the Bankruptcy Court. That at this meeting I will bring my driver's license or State ID, my social security card, and a recent pay stub if I am working. That failure of me to attend this meeting is grounds for my case to be dismissed. I also understand that failure to bring said requested documents to the meeting can be grounds for the meeting to not be held. |
| 5. | I understand that The Semrad Law Firm will be paid first before all creditors unless otherwise agreed or ordered by the court.   |
| 6. | I understand that my first trustee payment is due 30 days after the filing of my bankruptcy case, and every 30 days thereafter. I agree to make my trustee payment every 30 days, and that failure to make my trustee payments is grounds to have my case dismissed.   |
| 7. | I acknowledge that I have authorized The Semrad Law Firm to submit a payroll control order on my behalf (if applicable) to have my payment deducted from my payroll check each pay period.   |

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| 8.  | I understand that if a payroll control order is being submitted, that it is unknown when the trustee payments will be deducted out of my paycheck (usually takes one to two months). I also agree to make my Trustee payment directly myself to the Trustee until I see the deductions come out of my paycheck.   |
|-----|---|
| 9.  | I understand and agree that it is ultimately my responsibility to make my trustee payments each month and monitor my paycheck each pay period to ensure that not only that the deduction is coming out of my paycheck, but also that it is the correct amount. I agree that if for some reason the trustee payment stops coming out of my paycheck, or I leave my job that it is my responsibility to make my trustee payments directly to the Trustee. |
| 10. | I understand that when making a trustee payment directly to the Trustee, it can only be made by money order or certified check, and that a personal check or cash cannot be sent to the Trustee.  |
| 11. | I agree that I am contributing all the disposable income I have available toward my Chapter 13 plan, and that if my plan is paying my unsecured creditors less than 100%, that the Bankruptcy Trustee can ask that my future tax refunds be tendered to my case while I am in my bankruptcy case.   |
| 12. | I understand that if I want to incur credit such as to finance a car or real estate that I need court permission, and agree that I must contact my attorney to obtain such permission.  |
| 13. | I understand that I must have filed my federal and state tax returns for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed.   |
| 14. | I understand that if I am legally required by court order to pay domestic support obligations (child support, alimony), that falling in default is grounds to have my case dismissed and/or not receive a discharge in my case.   |
| 15. | I understand that my Chapter 13 plan will run between 36 and 60 months, depending on the amount of debt I have, and what the bankruptcy court requires my plan to run.  |

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| 16. | I understand and agree to complete my 2nd credit counseling exit course before my case ends, and submit a copy of the certificate showing I completed this to my attorney. I also understand that failure to complete this requirement before my case ends is grounds to not receive my discharge.  |
|-----|---|
| 17. | If I have a garnishment coming out of my paycheck, I agree and understand that it is my responsibility to provide my payroll department with proof of my bankruptcy to stop said wage garnishment. It also my responsibility to contact the garnishing creditor and provide them with proof of my filing.   |
| 18. | If a garnishment or voluntary deduction is coming out of my bank account, I agree that it is my responsibility to contact my bank to stop said deduction or garnishment by providing proof of bankruptcy, or requesting my bank to close my account and open a new account.   |
| 19. | I understand that my monthly Trustee payment is not finalized and may increase or decrease due to a difference in my income, expenses, and/or my debt amounts.  |
| 20. | I agree that I authorized The Semrad Law Firm to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules.  |
| 21. | I understand that the entire firm of The Semrad Law Firm represents me, and that while a different attorney might have counseled me and prepared my case, that once my case is filed, one of the attorneys at The Semrad Law Firm will be assigned as my attorney for the remainder of my case.   |
| 22. | I understand that if I have had (1) bankruptcy dismissed in the last 12 months, that I only have the benefit of the automatic stay for 30 days, until a motion is granted by the judge extending the automatic stay protection for the remainder of the case. That if the Judge denies my motion to extend the automatic stay that it is possible that creditors will still be able to take actions such as foreclosing on my real property, repossessing any vehicles, and garnishing my monies. |

- 23. I understand that if I have had (2) or more bankruptcies dismissed in the last 12 months, that I do not have the benefit of the automatic stay upon the filing of the case, until a motion is granted by the judge imposing the automatic stay protection for the remainder of the case. Until the Judge grants such motion none of my property including my real property, cars or monies are not protected. That if the Judge denies my motion to impose the automatic stay that creditors will still be able to take actions such as foreclosing on my real property, repossessing any vehicles, and garnishing my monies.
- 24. I understand that if I owe any taxing authority such as the IRS or State of Illinois any income tax debt, that even though I am required to put this debt into my Chapter 13 plan, that tax authorities still have the legal right to offset my next tax refund by the amount(s) they are owed.

#### DISCLOSURE OF AFTER ACQUIRED PROPERTY

I understand and agree that it is my responsibility to disclose any after-acquired property, including, but not limited to, a personal injury lawsuit or inheritance. I further understand if I file a Chapter 13 bankruptcy that the after-acquired property may alter the terms of my confirmed Chapter 13 Plan.

| Dahata Prans | 8/21/18 |
|--------------|---------|
| Client       | Date    |
| Client       | Date    |

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#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$150.00 toward the flat fee, leaving a balance due of \$3,850.00; and \$43.23 for expenses, leaving a balance due of \$4,203.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 8/22/2018  |                        |
|----------|------------|------------------------|
| Signed:  |            |                        |
| /s/ Dako | ota Barnes |                        |
|          |            | /s/ Mike Miller        |
| Debtor(  | s)         | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Barnes, Dakota L                           | Case No                                   |                                      |
|-----------------|--|---|--------------------------------------|
|                 | Debtor(s)                                  |   |                                      |
|                 |  | Chapter.                                  | Chapter13                            |
|                 | VERIFIC                                    | CATION OF CREDITOR MAT                    | ΓRIX                                 |
| Tł<br>knowledge | he above named Debtors hereby verify<br>e. | that the attached list of creditors is tr | rue and correct to the best of their |
| Date:           | 8/22/2018                                  | /s/ Barnes, Dako                          | ota L                                |
|                 |  | Barnes, Dakota<br>Signature of Del        |                                      |

JCITRON LAW 120 W MADISON ST#701 Chicago, IL, 60602

CONTRACT CALLERS INC 501 GREENE ST STE 302 AUGUSTA, GA, 30901

ComEd 1919 Swift Drive Oak Brook, IL, 60523

HERTG ACCPT 1420 S MICHIGAN SOUTH BEND, IN, 46556

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Arnold Scott Harris 111 W. Jackson # 600 Chicago, IL, 60604

T mobile Bankruptcy Team 600 Beacon Pkwy W ste 300 c/o Amsher Collections Services Birmingham, AL, 35209

Verizon PO Box 291089 Columbia, SC, 29229

Purchasing Power, LLC 1349 W Peachtree St Nw Ste 1100 Attn: Zandria D. Johnson Atlanta, GA, 30309

Creditors Discount & Audit Co. 415 Main St. Streator, IL, 61364 Americash - Bankruptcy 880 Lee Street Suite 302 Des Plaines, IL, 60016

AT&T (Cable/Cellular) 208 S. Akard Tornado, WV, 25202

ATG CREDIT 1700 W CORTLAND ST STE 2 CHICAGO, IL, 60622

Black Expressions Po Box 916400 Rantoul, IL, 61866

Dependon Collection Service, Inc. PO Box 4833 Oak Brook, IL, 60523

ESCALLATE LLC Po Box 645425 Cincinnati, OH, 45264

Mercy Hospital Medical Center 2555 S King Dr Chicago, IL, 60616

IL Tollway PO Box 5544 Chicago, IL, 60608

West Suburban Hospital Medical Center 3 Erie Street Oak Park, IL, 60302

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| Debtor 1 Dakota First Name  |   | arnes Case   | number (if known)  |                              |
|---|---|--|--|------------------------------|
| Part 6: Answer These Que  | estions for Reporting Purposes  |  |  |                              |
| 16. What kind of debts do<br>you have?  | "incurred by an individual   No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily in the second | primarily for a personal, fam<br>pusiness debts? Business of<br>vestment or through the op | ner debts are defined in 11 U.S.C. § 10 nily, or household purpose."  debts are debts that you incurred to oberation of the business or investment or debts or business debts. | btain                        |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fu   |  | ny exempt property is excluded and admute to unsecured creditors?  | iinistrative                 |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,00  | 0                            |
| 19. How much do you estimate your assets to be worth?   |   | \$1,000,001-\$10 r<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$5          | million  | 310 billion<br>-\$50 billion |
| 20. How much do you estimate your liabilities to be?  |   | \$1,000,001-\$10 r \$10,000,001-\$50 \$50,000,001-\$10 \$100,000,001-\$5                   | million  | 310 billion<br>-\$50 billion |
| Part 7: Sign Below  | I have examined this petition, an   | d I declare under penalty of   | perium that the information provided   | is true and                  |
| For you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |  |  |                              |
|   | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ Dakota Barnes   |  |  |                              |
|   | Signature of Debtor 1  Executed on 8/21/2018  MM / DD   | /  | Signature of Debtor 2  Executed on   |                              |

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| Fill in this information to identify your case: |                           |             |                      |    |  |  |
|---|---------------------------|-------------|----------------------|----|--|--|
| Debtor 1  | Dakota                    | L           | Barnes               |    |  |  |
|   | First Name                | Middle Name | Last Name            | -  |  |  |
| Debtor 2  |                           |             |                      |    |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |    |  |  |
| United States E                                 | Sankruptcy Court for the: | Northern    | District of Illinois | -0 |  |  |
| Case number<br>(If known)                       |                           |             | (State)              | -  |  |  |

#### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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| Debtor 1     |   | L   | Barnes   | Case number (if known)  |
|--------------|---|---|--|---|
|              | First Name                                      | Middle Name   | Last Name  |   |
| 28. Wi       | thin 2 years before y<br>editors, or other part | rou filed for bankruptcy, did yo<br>ties.   | ou give a financial state                        | ment to anyone about your business? Include all financial institutio  |
|              | No<br>Yes. Fill in the deta                     | uils below  |  |   |
| _            | 1 co. i iii iii uic deta                        | iiis below.   | Date issued                                      |   |
|              |   |   | Date Issued                                      |   |
|              | Name  |   | MM/DD/YYYY                                       | <del>_</del>  |
|              | Number Obsert                                   |   | =  |   |
|              | Number Street                                   |   |  |   |
|              | City  | State Zip Code  | _  |   |
| A CONTRACTOR |   | SO MICHAEL MARKET STATE OF THE |  | ,   |
| Part 12:     | Sign Below                                      |   |  |   |
| a ba         | nkruptcy case can r                             | esult in fines up to \$250,000,   | tement, concealing pro<br>or imprisonment for up | perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|              | Signatu   | re of Debtor 1  |  | Signature of Debtor 2   |
|              | Date 8/   | 21/2018   |  | Date  |
| Did y        | you attach additiona                            | I pages to Your Statement of  | Financial Affairs for Inc                        | lividuals Filing for Bankruptcy (Official Form 107)?  |
|              | No  |   |  |   |
|              | Yes   |   |  |   |
| Did y        | you pay or agree to p                           | oay someone who is not an at  | torney to help you fill o                        | ut bankruptcy forms?  |
|              | No  |   |  |   |
|              | Yes. Name of person                             |   |  | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).                               |

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#### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re: | Bames, Dakota L  Debtor(s) |                       | Case No                |   |         |
|--------|----------------------------|-----------------------|------------------------|---|---------|
|        |                            |                       | Chapter.               | Chapter13                                     |         |
|        | V                          | ERIFICATION           | OF CREDITOR            | R MATRIX                                      |         |
| knowle |                            | eby verify that the a | ttached list of credit | tors is true and correct to the best of their |         |
| Date:  | 8/21/2018                  | a.                    | Barnes                 | nes, Dakota L                                 | <u></u> |

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| Debt | Dakota<br>First Name                    | L<br>Middle Name  | Barnes<br>Last Name          | Case number (if known)   |             |
|------|---|---|------------------------------|--|-------------|
| 16.  | Calculate the median                    | family income that applies to y                                       | you. Follow these steps      | :  |             |
|      | 16a. Fill in the state in w             | hich you live.  | Illinois                     |  |             |
|      | 16b. Fill in the number of              | of people in your household.  | 2                            | ¥ .  |             |
|      |   | amily income for your state and s                                     |                              |  | \$68,687.00 |
|      | household<br>using the link spec        | ified in the separate instructions f                                  |                              | I a list of applicable median income amounts, go online ay also be available at the bankruptcy clerk's office.       |             |
| 17.  | How do the lines comp                   |   |                              | -,   |             |
|      |   |   |                              | form, check box 1, <i>Disposable income is not determined</i> on of <i>Disposable Income</i> (Official Form 122C-2). |             |
|      | U.S.C. § 1325                           |   | <b>Calculation of Dispos</b> | ck box 2, Disposable income is determined under 11 rable Income (Official Form 122C-2). On line 39 of that           |             |
| Part | 3: Calculate Your C                     | Commitment Period Under   | 11 U.S.C. §1325(b            | )(4)   |             |
| 18.  | Copy your total average                 | ge monthly income from line 11  |                              |  | \$2,129.21  |
| 19.  |   |   |                              | s not filing with you, and you contend that calculating the our spouse's income, copy the amount from line 13.       |             |
|      | 19a. If the marital adjust              | tment does not apply, fill in 0 on                                    | line 19a.                    |  | -\$0.00     |
|      | 19b. Subtract line 19a                  | from line 18.   |                              |  | \$2,129.21  |
| 20.  | Calculate your current                  | t monthly income for the year.  | Follow these steps:          |  |             |
|      | 20a. Copy line 19b.                     |   |                              |  | \$2,129.21  |
|      | Multiply by 12 (the                     | number of months in a year).  |                              |  | x 12        |
|      | 20b. The result is your o               | current monthly income for the ye                                     | ear for this part of the fo  | m.   | \$25,550.52 |
|      | 20c. Copy the median f                  | amily income for your state and s                                     | ize of household from        | ine 16c.   | \$68,687.00 |
| 21.  | How do the lines comp                   | pare?   |                              |  |             |
|      | Line 20b is less that commitment period | n line 20c. Unless otherwise orde<br>l is 3 years. Go to Part 4.      | ered by the court, on the    | e top of page 1 of this form, check box.3, The   |             |
|      | Line 20b is more th                     | an or equal to line 20c. Unless ot t period is 5 years. Go to Part 4. | therwise ordered by the      | court, on the top of page 1 of this form, check box  |             |
| Part | 4: Sign Below                           |   |                              |  |             |
|      | By signing here I do                    | eclare under penalty of perium the                                    | at the information on th     | is statement and in any attachments is true and correct.   |             |
|      | by digiting from the                    | Control of portary  |                              | is statement and in any attachments is true and contect.   |             |
|      | 🗴 /s/ Dakota B                          | arnes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                           | Why x                        |  |             |
|      | Signature of De                         | btor 1  |                              | Signature of Debtor 2  |             |
|      | Date 8/21/201<br>MM/DD/                 |   |                              | Date MM/DD/YYYY  |             |
|      |   | do NOT fill out or file Form 1220, fill out Form 1220-2 and file it w |                              | 9 of that form, copy your current monthly income from line   | 14          |